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THE MINISTER AND THE NEW COUNSELING

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I

A burgeoning increase in personality maladjustments and mental illness during and following World War II, both in and out of the armed forces, greatly overtaxed the ability of medical personnel to provide adequate care. Since the demand for psychiatrists exceeded the supply, a larger share of psychotherapeutic responsibility was given to clinical psychologists, who had been active in rather specialized fields, such as psychometrics.

In this atmosphere of urgency, nondirective counseling, although hardly known ten years ago, came into wide prominence. The strongest commendation of this new system was doubtless the claim of its founder that intensive training is not required and that the relatively simple methods could be learned and practiced by semi-professional counselors, or even "the newcomer to the counseling field."[1] As a consequence, many counselors have been trained in client-centered therapy and are applying it in situations ranging from vocational guidance to psychiatric hospitals.

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1 Carl R. Rogers and J. L. Wallen: *Counseling with Returned Servicemen;* McGraw-Hill, New York, 1946, p. 149.

Nondirective counseling was first formally presented by Rogers [2] in 1942. A unique feature of his book was the transcript and discussion of a complete course of electrically recorded interviews. It is generally agreed that, by popularizing the use of verbatim transcripts for study and analysis, Rogers contributed importantly to the more exact appraisal of the counseling process. By classifying and studying statistically the remarks of counselor and counselee, he demonstrated the objective examination of various psychotherapeutic procedures. The value of this contribution has been widely acknowledged, although there is as yet little support for Rogers' sweeping claim:

> We can investigate objectively almost any phase of psychotherapy about which we wish to know, from the subtlest aspect of the counselor-client relationship to measures of behavioral change.[3]

Rogers designated his system as "client-centered," contrasting it with the traditional psychotherapeutic relationship which he calls "counselor-centered." Advice and persuasion are condemned, because in using these the counselor selects the goal and tries to influence the counselee to move in that direction. Such methods, Rogers alleges, imply that "the counselor knows best" and produce or increase dependency. Moreover, to preserve his integrity, the counselee becomes defensive and is likely to reject the offered counsel.

Client-centered therapy affirms the ability of the client to solve his own problems. The counselor refrains from suggestion, interpretation or even clarification in the interviews. His role is to enter empathically into the client's world of perception and to manifest understanding and acceptance. He does this by making non-declarative responses reflecting the client's feelings and statements, and communicating his own empathic indentification with his client.

Even though the counselor may understand the dynamics of personality better than his client, the nondirective school affirms the capacity and the right of the individual to achieve a happier, better integrated adjustment to living without guidance.

In analyzing "counselor-centered" interviews, Rogers found that the counselor might talk four times as much as his counselee. In contrast, during nondirective interviews, the client might talk six or seven times more than the counselor. So little does the counselor add, that a transcript of the client's remarks alone would give an adequate picture of a nondirective interview.

The counselor may not be declarative lest he convey subtle disrespect for the client's own capacity. Neither can the counselor seem indifferent lest the client feel he is being rejected. Somewhere between, the non-

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[2] *Counseling and Psychotherapy;* Houghton Mifflin, New York, 1942.
[3] *Client-Centered Therapy;* Houghton Mifflin, New York, 1951, p. 13.

directive therapist is thinking, feeling, and exploring with the client. Methods and technics, although stressed in earlier publications, are now looked upon as secondary and consequential to counselor attitudes.

Client-centered counseling regards itself as a basic psychotherapeutic orientation that cannot be combined successfully with any other method.[4] Rogers deplores "superficial" and "confused eclecticism . . . prevalent in psychotherapy (which) has blocked scientific progress."[5]

In this permissive atmosphere, the client has no need to be defensive, and gradually gains insight into his own emotional tensions. Progress out of his difficulty is assured by the principle of "growth," a hypothetical universal gravitation toward self-enhancement and maturity. Through the operation of this tendency, the counselor may have confidence that his client will make wise choices and take positive action without assistance from him.

> When all the elements are clearly perceived, the balance seems invariably in the direction of the painful but ultimately rewarding path of self-actualization or growth . . . Given the opportunity for clear-cut choice between forward-moving and regressive behavior, the (growth) tendency will operate.[6]

Avoidance of any coercion, pressure, or even bias on the part of the counselor necessitates the complete abdication of all moral approval or disapproval in the nondirective counseling situation.[7] Moreover, complete permissiveness is incompatible with any relationship of authority of counselor over client.[8]

> Is the therapist willing to give the client full freedom as to outcomes? . . . Is he willing for him to choose goals that are social or antisocial, moral or immoral? . . . Even more difficult, is he willing for the client to choose regression rather than growth or maturity? to choose neuroticism rather than mental health? to choose to reject help, rather than accept it? to choose death rather than life? To me it appears that only as the therapist is completely willing that *any* outcome, *any* direction, may be chosen—only then does he realize the vital strength of the capacity and potentiality of the individual for constructive action.[9]

In traditional psychotherapeutic procedure, an important function of the therapist is to diagnose the client's difficulty, with the obvious purpose of selecting the most appropriate treatment and predicting the probable course and outcome. Nondirective counseling offers no choice of therapy,

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[4] W. U. Snyder, "Dr. Thorne's Critique of Nondirective Psychotherapy," *Journal of Abnormal and Social Psychology,* XL (1945), 336.

[5] *Client-Centered Therapy,* p. 24

[6] *Ibid.,* pp. 490-491.

[7] Rogers, *Counseling and Psychotherapy,* p. 90.

[8] *Ibid.,* p. 109.

[9] Rogers, *Client-Centered Therapy,* p. 48.

hence diagnosis does not determine treatment. Since "the constructive forces . . . reside primarily in the client, and probably cannot come from outside"[10] he provides his own treatment in the atmosphere of warmth furnished by an empathic but relatively inactive counselor.

In this process, diagnosis not only is unnecessary, but may be harmful. Diagnosis by the counselor brings to the client the recognition that his improvement depends upon another person. This realization, the Rogerian argument runs, leads to a basic loss of confidence in himself and to a greater dependence upon the counselor. Client-centered therapy contends that therapy *is* diagnosis, that diagnosis is a process taking place in the clients' mind, not the counselor's. He makes and accepts his own diagnosis. By thus liberating the client from the counselor, Rogers claims "a psychology of personality and of therapy which leads in the direction of democracy."[11]

> We have come to recognize that if we can provide understanding of the way the client seems to himself at this moment, he can do the rest. The therapist must lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual, and must concentrate on one purpose only; that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client . . .[12]

II

The severest criticism of client-centered therapy has come from Rogers' colleagues in the field of clinical psychology. In attacking a system so tentative, critics are shooting at a moving target, for its author acknowledges that the system has changed and predicts that it will change further. His reservations would make it possible to change the rules of the game, move the goalposts, or join the opposition.

Ellis voices a common objection to the choice of the terms, "nondirective" and "client-centered" on the ground that both are misleading and propagandistic. "Modern psychiatry with few exceptions is practically synonymous with both nondirectiveness and client-centered." The preempting of these terms for the description of one school of therapy is unfair to most other psychotherapeutic schools.

Ellis resists the contention that certain features of client-centered therapy are unique. He sees the uninterrupted free association of psychoanalysis as being often more nondirective than Rogerian procedure, which selects one of the client's statements for recognition and becomes to that extent directive. By adding interpretation of dreams and fantasies, the analyst can come even closer to achieving the client's frame of reference

[10] *Ibid.*, p. 222.
[11] *Ibid.*, p. 225.
[12] *Ibid.*, p. 30.

than the Rogerian therapist. The nondirective counselor may offer less warmth to the client than other therapists who are free to give reassurance.[13]

Thorne charges that "research reports on nondirective therapy have been written and discussed in a style charged with emotional overtones and betraying an overenthusiastic and uncritical acceptance . . . bordering on cultism." Attempts to associate nondirective methods with democracy are unscientific, indefensible and indicative of emotional bias. "The facts and methods of modern clinical science must stand on their own validity independent of whether they are consistent with any political ideology."

The client-centered school have categorically condemned directive psychotherapy with little objective evidence relating to its claimed defects. Thorne suggests that such evidence may be lacking because most nondirective therapists do not have the training and competence to use any other method.

Thorne applied nondirective therapy to 200 cases in his own private practice covering a wide variety of psychiatric disorders. These ranged from minor personality reactions to severe psychoses. In some cases nondirective therapy was the only form of treatment. In others, the method was used to achieve limited objectives. He concluded that nondirective methods have definite value but that they have no universal validity as a complete system of therapy.[14]

Suggestion, persuasion and advice do not inevitably violate the client-centered principle and stimulate dependence says Thorne. Citing the plethora of suggestion offered daily to most people, he recognizes the importance of having the client learn to make critical evaluation of advice and to look to the best possible sources for it.[15]

Thorne strongly advocates the integration of all psychotherapeutic methods into an eclectic system and has written a comprehensive volume embodying this approach.[16]

> Clinicians should desenitize themselves concerning the elaborate rituals which they come to feel are absolutely necessary for effective treatment. Most therapeutic methods are not precision instruments which must be administered according to a rigid technique in order to be successful. There is opportunity for the effective use of many methods with numerous variations in technique. Our regard should be focused on goals of therapy rather than on dogmatic adherence to specific methodology.[17]

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13 "A Critique of the Theoretical Contributions of Non-directive Therapy," *Journal of Clinical Psychology,* IV (1948), 248.
14 "Further Critique of Nondirective Methods of Psychotherapy," *Journal of Clinical Psychology,* IV (1948), 256.
15 "Directive Psychotherapy: XIV. Suggestion, Persuasion and Advice," *Journal of Clinical Psychology,* IV (1948), 70.
16 *Principles of Personality Counseling; Journal of Clinical Psychology,* Brandon, Vt., 1950.
17 "A Critique of Nondirective Methods of Psychotherapy," *Journal of Abnormal and Social Psychology,* XXXIX (1944), 459.

Wrenn sees the client-centered, counselor-centered choice not as a dichotomy but as the extremes of a continuum, the skillful counselor knowing when to apply each of the procedures available along the line.[18] Brouwer concludes, "There is no one best way. It is not permissive versus prescriptive counseling, but rather both, as techniques to achieve the objectives for which each is best suited."[19]

Hathaway [20] emphasizes the failure to establish a clear-cut cause-and-effect relationship between the nondirective method and observed improvement. Rapport, a feature common to nearly all types of counseling, is itself a powerful therapeutic factor. Almost any form of attention, skilled or unskilled, is likely to result in some improvement. Thorne found that clients were beginning to turn up for treatment elsewhere after nondirective therapy.

What shall be the criteria of psychotherapeutic benefit? There must be changes in the life of the client, not merely changes in the interview. Most of the studies on effects of nondirective counseling are based on pre- and post-therapeutic interviews or tests. Interviews are highly subjective for such a purpose, being subject to strong influence by social factors in the counseling relationship. (How many clients "cured" themselves without confessing afterward, as Rogers' client did?)[21] Until experimental evidence is available, Hathaway concludes, the best judge of the effectiveness of a method is the counselor with wide clinical experience in many psychotherapeutic methods.

Efforts to measure improvement following nondirective therapy have given indeterminate results. Rogers recognizes the need to establish correspondence between reported behavior and actual behavior.[22] He concedes that both the method of therapy and the criteria of improvement are relatively unvalidated procedures.

> People do not ordinarily change in overwhelming degree as a result of client-centered therapy . . . The change is modest but important . . . It is probable, however, that with any therapy it will be found that a modest amount of change in the basic personality is the outcome to be expected.[23]

The growth postulate advanced by Rogers elicits several objections from Snyder.[24] The principle has never been experimentally demonstrated and

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[18] "Client-Centered Counseling," *Educational and Psychological Measurement,* VI (1946), 439.

[19] Paul J. Brouwer: *Student Personnel Services in General Education;* American Council on Education, Washington, 1949, p. 26.

[20] "Some Considerations Relative to Nondirective Counseling as Therapy," *Journal of Clinical Psychology,* IV (1948), 226.

[21] Rogers, *ibid.,* p. 169.

[22] A. E. Hoffman, "A Study of Reported Behavior Changes in Counseling," *Journal of Consulting Psychology,* XIII (1949), 190.

[23] Rogers, *ibid.,* p. 179.

[24] "The Present Status of Psychotherapeutic Counseling," *Psychological Bulletin,* XLIV (1947), 297.

there are no objective data to support it. Alternate hypotheses exist to account for therapeutic improvement. And what of the growth tendency in the person who refuses treatment or chooses suicide? Thorne concludes that growth principles cannot be depended upon inevitably to produce improvement. The Freudian postulate of the death instinct is recognition of this fact.[25]

The viewpoint of the nondirective school that early diagnosis is unnecessary or harmful implies that the psychologist is competent to deal with whatever illness may emerge as treatment progresses. Rogers even suggests reversal of the usual order whereby organic illness is ruled out first.

> Psychotherapy might be started at once, provided the patient was willing; and if the symptoms did not improve after a reasonable length of time, the chance that they might be organic in origin could then be investigated.[26]

The obvious danger in such an approach is set forth clearly in a report prepared by the Committee on Clinical Psychology of the Group for the Advancement of Psychiatry:

> The independent operation of clinical phychologists may lead to diagnostic error, the failure to detect serious psychiatric conditions in their early stages, or failure to recognize physical disorder which may be the basis of the maladjustment. It is worth recalling that psychiatric disorder may appear in its early stages as an apparently irrelevant physical symptom or sign, or as a minor maladjustment problem. During the course of psychotherapy it may be difficult to judge whether a certain aspect of maladjustment or physical sign or symptom should be treated at once or temporarily ignored. If the clinical psychologist works in close, continuous association with the psychiatrist, he will have someone who can assume professional and legal responsibility. Anyone who intends to deal with maladjustment as an independent professional person must be able to diagnose it and to cope with emergency situations.[27]

At this point even the rather feeble commendation that client-centered therapy "does not seem to do harm to the individual" would have to be qualified.[28]

The ability to diagnose neuropsychiatric disorders requires long and arduous training. Hunt suggests that the nondirective rejection of diagnosis may be "not a theoretical conclusion drawn from the adequacy of the client-centered technique, but rather a practical conclusion dictated by the inadequacy of nondirective clinical training."[29]

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25 "Further Critique of Nondirective Methods of Psychotherapy," *Journal of Clinical Psychology,* IV (1948), 256.

26 *Ibid.,* p. 227.

27 "The Relation of Clinical Psychology to Psychiatry," *American Journal of Orthopsychiatry,* XX (1950), 346.

28 Rogers, *ibid.,* p. 230.

29 "Diagnosis and Non-directive Therapy," *Journal of Clinical Psychology,* IV (1948), 232.

In the light of efforts conducted over a decade designed to broaden and strengthen the preparation of clinical psychologists, and in the face of temptation to meet an increasing demand by reducing the quality of service offered, Louttit [30] deplores any reduction in standards and considers it necessary for the profession to look with disfavor upon Rogerian methods.

III

Nondirective therapy has been generally welcomed for use by religious counselors. During World War II the Federal Council of Churches published a leaflet describing its use.[31] The writings of Rogers and his pupils have also appeared extensively in pastoral journals. Client-centered counseling has been commended for use in Christian education.[32] A number of the books on pastoral counseling are frankly based upon client-centered principles. Hiltner's "eductive" counseling is closely related.[33] Some objections to the system have appeared because of its theological implications.[34, 35]

Rogers' writings contain little mention of religion, but a critical examination shows that some of the premises and implications of client-centered therapy are in sharp conflict with evangelical Christian faith. It is difficult to accept the conclusion of Higgins, who finds "nothing in client-centered therapy which nullifies or challenges essential Christian teaching."[36] His efforts to demonstrate a congeniality between client-centered therapy and certain common doctrinal concepts are superficial and at times tortured. (" 'To be born again' is a significant and adequate description of what happens in successful therapy.") A realistic facing of the Rogerian teaching on authoritarianism would make such a reconciliation unthinkable.

There is no tolerance in the client-centered method for authoritarian systems. It is anticipated that in the process of therapy the client will become dissatisfied with the values he has inherited from others. When he realizes that he has been following a system that others have prescribed, not what his own experience has proved valuable, the introjected ideas will be discarded.

> If he cannot longer accept the "ought" and "should," the "right" and "wrong" of the introjected system, how can he know what values take

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30 "Training for Non-directive Counseling: A Critique," *Journal of Clinical Psychology,* IV (1948), 236.
31 Carl Rogers: *A Counseling Viewpoint;* Federal Council of Churches, New York, 1945.
32 Frank Cheavens, "A Successful and Safe Counseling Technique," *New Century Leader,* March, 1950, p. 5.
33 Steward Hiltner: *Pastoral Counseling;* Abingdon-Cokesbury, New York, 1949.
34 W. E. Hulme, "Theology and Counseling," *Christian Century,* February 21, 1951, p. 238.
35 O. S. Walters, "Varieties of Spiritual Malpractice," *The Pastor,* June, 1948, p. 14.
36 "Client-Centered Psychotherapy and Christian Doctrine," *Journal of Pastoral Care,* III (1949), 1.

their place? . . . Just as the infant places an assured value upon an experience, relying on the evidence of his own senses . . . so too the client finds that it is his own organism which supplies the evidence upon which value judgments may be made . . . No one needs to tell him that it is good to act in a freer and more spontaneous fashion, rather than in the rigid way to which he has been accustomed . . . He discovers that he does not need to *know* what are the correct values; through the data supplied by his own organism he can experience what is satisfying and enhancing. He can put his confidence in a valuing *process,* rather than in some rigid, introjected *system* of values . . . One of the ultimate ends, then, of an hypothesis of confidence in the individual, and in his capacity to resolve his own conflicts, is the emergence of value systems which are unique and personal for each individual.[37]

Every individual derives most of the ideas upon which his everyday conduct is based from authoritarian sources. The knowledge which enables us to get into harmony with natural law is largely derived from others. Most of our introjected values come through the experience of the race transmitted in various ways from one generation to the next: history, moral and civil codes, parental nurture, the experience of the historic church, man's search for God and God's revelation of himself to man as recorded in the Bible.

In the place of such teaching, which may prevent the painful and wasteful learning of trial-and-error, this philosophy would establish a pragmatic basis for deriving values. Standards of right and wrong "unique and personal for each individual" would take the place of moral absolutes.

Extending this approach to education places its non-authoritarian implications in sharp focus. Rogers acknowledges that adoption of the client-centered method in the classroom would mean turning present-day education upside down. Presumably this means that the teacher would have the inverted role of empathic listener. Finding such teachers is likely to be difficult, says Rogers. "The question as to whether he can behave flexibly, in a way which is determined by the desires of the group, is a very difficult one for most teachers." [38]

Robert M. Hutchins' quip about educators would find literal application in such a teaching situation. "(They) remind one of the French Revolutionist who said, 'The mob is in the street. I must find out where they are going, for I am their leader.' " [39]

It would be difficult for any minister to enter upon a counseling situation in which there would be complete absence of moral judgment, even though he might wish to do so. Regardless of whether he makes moral declarations, the minister embodies the tradition of the historic church and is the recognized ambassador of God. *Ex officio,* he is a man with a mes-

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[37] Rogers, *ibid.,* pp. 522, 523, 524.

[38] *Ibid.,* p. 401.

[39] *Time,* No. 21, 1949.

sage. His prophetic office is to proclaim God's redeeming love to sinful men. Most people seeking counsel from a minister come with a clear understanding of his mission.

Where is the minister with a sense of vocation so stultified that he would be "willing that *any* outcome, *any* direction may be chosen" by his troubled parishioner? The counselor who accepted such an artificial stricture would have to tolerate error without offering truth in its place. He would have to contain the Good News unshared, even though it might set his groping counselee free.

The humanistic premises of client-centered counseling are in standing conflict with the Christian doctrine of man. Belief in an innate upward thrust toward self-betterment requires a staggering act of faith. The shallow optimism both of humanism and of liberal theology, basing their hopes upon this same inherent trend toward goodness, has been blighted by the tragic realities of two world wars. The theology of crisis, deplored as pessimistic, is nevertheless truer to reality. Man has *not* chosen self-enhancement. He has *not* shown inward self-sufficiency to solve his own problems, either individually or collectively. He is in the cosmic predicament of continuing to choose evil while aspiring to do good.

Client-centered philosophy urges continuing faith in man's essential capacity for self-improvement and emphasizes the importance of supporting the client's confidence in his self-sufficiency. The Christian doctrine of man teaches,

> Only one who has been awakened to the full seriousness of his own guilt, and his own inability to overcome it, is in a position to look for and to accept the only adequate remedy—namely, the saving power of God's love and forgiveness in Jesus Christ, whereby He does something for us which we cannot do for ourselves.[40]

One of Rogers' students, after a critical study of client-centered principles in relation to the Christian doctrine of man, concluded that both liberalism and client-centered therapy stand in need of the corrective influence of neo-orthodoxy's claims: (1) that man's collective relations are not as amenable to reason and understanding as both assume; and (2) that there is a tragic and inevitable measure of misuse of freedom (or of neuroticism) in man's personality structure.[41]

The Catholic church, also, finds client-centered pronouncements on authoritarianism and the Rogerian doctrine of man intolerable.

> Obviously no Catholic can accept such implications. Carl Rogers, himself doubtful about reconciling his system with Catholicism, has expressed in oral communication his concern about the Catholic followers of his

[40] David E. Roberts: *Psychotherapy and a Christian View of Man;* Scribners, New York, 1950, p. 108.

[41] Russell J. Becker: *A Critical Study of Client-Centered Therapy with Reference to Its Assumptions and Its Contributions to the Christian Doctrine of Man.* (Ph.D. Thesis); University of Chicago, Chicago, 1950.

therapy. He said that either Catholics do not grasp the implications of client-centered therapy, and in that case they will necessarily do superficial work, or they do grasp those implications, and in that case it is difficult to see how they can avoid a serious conflict with their belief.[42]

(The monograph by Curran,[43] a Catholic clergyman who conducted a detailed study using the nondirective method under the direction of Rogers, makes no mention of such conflict.)

It is clear that the client-centered method has a naturalistic context. Rogers affirms his confidence in the adequacy of science to achieve truth. "The security which all of us must have tends to become lodged, not in the dogma, but in the process by which truth is discovered, in scientific method." [44]

The therapist who elects to limit himself to the areas of human experience amenable to study by science can never have a complete understanding of man. The limitations of the scientific method will shut off the positivist from apprehending that portion of reality having the greatest significance in personality adjustment. He is like a color-blind man viewing a rainbow. There are areas in the spectrum of personality that he fails to see or misconstrues because of his self-imposed limitation. When spiritual values are basic to the harmonious adjustment of personality, the naturalist therapist may be as inadequate as a color-blind person trying to paint a rainbow.

The objection of the naturalist that he doesn't know anything about spiritual values deserves the classic reply of the Christian, "I refuse to let my knowledge, however meager, be offset by your ignorance, however vast." Divine grace as a means to inward and outward harmony is a reality verifiable by the counselor in his own experience. A remedy so widely attested in the healing of personality ills as Christian faith demands investigation by any conscientious therapist. The counselor who has not experienced divine forgiveness can never have an adequate understanding of what happens when personality conflict due to moral lapse meets the forgiving and transforming power of divine love. "There is such a thing as a Christian context for counseling and its claim to superiority is simply that it is truer to the facts of human existence and divine reality than any materialistic context whatsoever." [45]

Likening the therapist's knowledge to the morally neutral scientific procedure of the physician or surgeon is egregious flattery. Unsatisfactory as the treatment of organic disease may be, it hardly suffers from the diversity

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42 J. H. VanderVeldt and R. P. Odenwald: *Psychiatry and Catholicism*; McGraw-Hill, New York, 1952, p. 101.

43 Charles A. Curran: *Personality Factors in Counseling;* Grune & Stratton, New York, 1945.

44 "A Coordinated Research in Psychotherapy," *Journal of Consulting Psychology,* XIII (1949), 149.

45 Albert C. Outler: *A Christian Context for Counseling;* Hazen Foundation, New Haven, 1945. (Pamphlet No. 18)

of cults that characterizes psychotherapy. From the same small nucleus of fact about human nature, each cult has developed a larger mass of hypothesis and dogma that calls for its own different meliorative procedure. The multiplicity of methods bespeaks the scatter of supporting philosophies. Moreover, as Outler has clearly discerned,

> Psychotherapy does—as surgery does not—bring the persons involved up to the vital border between knowledge and faith. Here—since the whole person is the subject—the therapist's convictions about the root meanings of existence, of life and death and destiny, shape the form and use of their knowledge.[46]

If a naturalistic philosophy gives an incomplete understanding of man's nature, therapy based upon such a philosophy will be correspondingly limited. A therapeutic procedure will reach as far as its facts will take it. Its efficacy thereafter will be limited by the correctness of its hypothesis. The materialistic concepts of psychobiology were enlarged and enriched by the contributions of depth psychology and the therapeutic effectiveness of psychiatry was extended, even though much theoretical chaff must still be separated out. The physiological concept of homeostasis may have a psychobiological analogy, but the psychologist's "whole" is incomplete without including man's spiritual nature. Here the insights of Christian theology are indispensable to complement the partial understanding of the materialistic and inner-release approaches to therapy.

The prospect of becoming a psychotherapist in a few easy lessons is likely to have great appeal to the minister. "A valid and effective means of transforming the pastoral counselor into a dynamic agent in personality adjustment" sounds like an ad-writer. "(Its) techniques may be readily learned and effectively applied without the necessity of a medical background or a rigid psychological training . . . It works with the neurotic and with the normal, with the educated and the unsophisticated, with both chronic and acute cases." [47]

This press-agent appraisal needs to be tempered by the realistic viewpoint of professional therapists.

> Advisory counselling given by clergymen, teachers, lawyers, nurses, parents and others to their constituency is not psychotherapy. Psychotherapy, a formalized method to alleviate illness or maladjustment, requires an extensive training.[48]

Even enthusiastic practitioners of the nondirective method recognize its limitations in the pastoral function.

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[46] Albert C. Outler, "Christian Faith and Psychotherapy," *Religion in Life,* XXI (1952), 503.

[47] Higgins, *loc. cit.*

[48] W. C. Menninger, "The Relationship of Clinical Psychology and Psychiatry," *Bulletin of the Menninger Clinic,* XIV (1950), 1.

> Client-centered counseling is not a panacea for the handling of every pastoral relationship . . . The pastor should be ready to recognize the times and places in his pastoral work where the situation . . . may give a secondary or surface difference in the manner of his counseling.[49]

Client-centered counseling is a technique inflated into a school of thought. "In a decade we have seen client-centered therapy develop from a method of counseling to an approach to human relationships." [50] It has grown into a rigid, all-or-none system in which the slightest deviation is prohibited under the standing threat of detonating a highly labile relationship. The marked increase in the number of interviews per patient, noted but not explained by Rogers,[51] may well be due to the vanishing participation of the counselor as the technique grew into a "pure" system.

As a technique, the nondirective method has been a wholesome antidote to the ministerial tendency to dominate and direct, both in the counseling situation and out of it. Let the minister recognize that he needs to speak less and listen more. Let him make wide use of the nondirective approach, combining it with appropriate direction in the manner that Burkhart [52] has described, or using many variations in specific methodology, as Hiltner [53] recommends.

As a school of thought, client-centered counseling begins with a premise quite in harmony with Christian reverence for personality, but it plunges directly into a naturalistic humanism quite irreconcilable with Christian doctrine. There is a needle of Christian truth in the haystack of Rogerian dogma.

The Christian sees personality of infinite worth achieving its full self-realization only when reconciled to God and aligned with his will. The growing body of psychologic and psychiatric truth is sorely needed, but no psychotherapy can take the place of God's forgiving grace to resolve the guilt of sin. The healing of man's direst maladjustment has not had to await the measured advance of science, but becomes a triumphant realization wherever a penitent meets the Good News.

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[49] Russell Becker, "Nondirectiveness in Marital Counseling," *Pastoral Psychology,* II (May, 1952), 56.

[50] Rogers, *ibid.,* p. 12.

[51] *Ibid.,* p. 10.

[52] Roy a Burkhart, "Full Guidance Counseling," *Pastoral Psychology,* II (April, 1952), 23.

[53] Hiltner, *ibid.,* p. 255.

NOTES OF A RABBI FROM A BOYS' SCHOOL

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ONE boys' head was misshapen; another's face was distorted; some looked quite healthy; but, in their every motion, whether violent or sullenly withdrawn or simply normal, I suspected signs of great illness. This was my first day at Kingsbridge School for Boys, a home and school sponsored by the Jewish Child Association for emotionally disturbed boys. A Rabbinical student, I had been engaged as the Jewish group worker. And, I must admit, I was a bit nervous about this job. How would I get on with these abnormal boys? Would I be able to teach them anything? Disturbed as they were, would they find some meaning in the religious lessons I was to give?

"Our boys are not only disturbed but they are dumb," said the Director of Kingsbridge, at our first meeting. "If they are bright, they go on to Jayville; and if they are too sick or defective they are sent elsewhere." "Elsewhere" sounded ominous; indeed it was. If they could not be helped at Kingsbridge, their cause was lost. It was not pleasant to accept the fact that adults could have so marred and destroyed the souls of these children by the age of eight and nine that they would have to live out the rest of their lives as helpless, unproductive phantoms. And one in three who came to Kingsbridge suffered this fate.

The Director was not too interested in what I would teach. He was interested in me as a person. I was to be another adult in this miniature world of house parents, group leaders, teachers, social workers, and psychiatrists. It was our job to love as many of these boys as we could, to give them something productive to do, to provide them with another opportunity to test out a world that had been cruel, to help them as they sought to find themselves. They needed and deserved help.

Henry had seen his parents killed by the Nazis. He had lived in the woods. Friendly nuns saved him. They were later raped within his hearing. The Orthodox Rabbis in the Home in which he had landed beat him with a ruler if he did not perform well the prescribed rituals of our Torah. Henry looked at me with justified suspicion. Here was a Rabbi who did not fulfill all the rigid ritual himself, and who did not beat boys. Henry could not quite believe it. Then again, he was distrustful of all real warmth and friendship.

Jackie called me aside when he was sure no one else was listening. "You know where my mother said I came from?," he sadly inquired. "She said she won me for a penny at a crap game. I'm worth more than a penny, ain't I?" Hope and bitterness mingled in his voice. Jackie came from a broken home. His parents had never wanted him, and now they were using him as a pawn in their continuous struggle with each other.

Allan wanted to be a "pioneer" in Israel. That was to be his salvation. That was all he dreamed and ate and played. And, as far as Allan was concerned, I was another step toward that goal. The world in which he now lived was unacceptable to him. As long as he could maintain hope in that other world, he could survive. But as long as he dreamed of that other world he was not facing the fact that his reality was here and now in this world, in Kingsbridge.

Marvin flexed his muscles, hugged me in the manner of a wrestler's bear-hug, and wanted me to tell stories of little David who slew Goliath. "Was the Israeli Army stronger than the United States Army?," he constantly asked. Marvin wanted to join the strongest army there was, and get even. "Imagine standing with a machine gun, rat, tat, tat, tat, tat, tat, tat—see the 'enemy' fall"—so he would phantasize. And so he would fulfill his unconscious wishes to destroy everything.

Unlike Marvin, who was so full of fight and vengeance, Harold was docile and obedient. Yet always he was worried about being "bad." His parents had called him "bad"; and his teachers, too. Clumsily, he tried to get out of everybody's way; but he would have been quite disappointed not to have been in somebody's way. For the love Harold had received had always been mingled with annoyance and rejection. He was "bad" because he had been in the way.

These and others—a total of eighteen boys—made up my group. They were unwanted, unloved children. They were the products and consequences of misery, poverty, broken homes, confused lives, and human waste.

In time, I completely forgot about the sickness of these boys; I discovered how human they were. I was impressed by the forces for health that seemed to work untiringly inside of them. These boys would go to sleep tired at night. All day they had been struggling to survive. Often they were faced with the difficult task of choosing whether to give up their illnesses which were their ultimate defenses against the cruel world and accept the love of their teachers—and thus perhaps leave themselves "helpless"—or just go on being misfits, and failures, and unhappy in their defenses. This choice is not an easy one to make.

We would have to reach deep levels of the unconscious. We would have to make up for all the cruel damage. The boys themselves were almost consciously aware of the struggle in which they were involved. The worst insult one nine-year-old could give another would be to blurt out, "You

incurable schizophrenic, psychopathic, Belleville case!" This would set off the trigger, and a violent struggle would commence. Once when I wanted to step in and soften the blows, Allan suggested, "Wait, first let them use up some of their energy, and then they will be able to stop."

As the leader of a "religious group," I read Bible stories to these boys, and then drew pictures, or we acted out plots. I taught the boys songs and dances. When we danced, we never could dance together because some one was sure to break up the circle; so we did creative dancing individually. We made clay candelabras from the festival lights, and then a mural on the Book of Esther. We took trips to the Jewish Museum and neighborhood Temples. We listened to records and saw movies.

We met three times a week for two hours per session. Because of the nature of our group, where the emphasis was on the boy and his relationships and not on the curricula, our size was limited. A member of this group had to attend faithfully. There was a long clamoring waiting list of boys who wanted to "learn" religion from the Rabbi; so those who were admitted had to demonstrate their interest by a constructive act of will. Of course, religion at Kingsbridge was not limited to this group. On every festive occasion we gathered all the boys together for prayer and meditation, for ritual observance, and religious lessons.

In the spring we hiked out into the woods of the school grounds. There we talked of religion and we also talked of ourselves. Each boy wanted the Rabbi to hear his story. Each boy had a story to tell. I listened. I learned a great deal about the role of religion in aiding the forces for health in the hearts of these kids.

I learned that the Jewish religion had more to tell these youngsters than stories, or historic facts, or song and dance, or the particulars of religious observance. For all of these were only the media by which we gave expression to a personalized, individualized approach to life, to self, and community. The lessons they learned were not the spoken words, but the eternal values and ideas, unspoken and yet inextricably bound to the words.

For example, most of these boys could not read words. Not that they were unable to learn to read, this was just another manifestation of how troubled and mixed up they were. When some of the older boys reached their thirteenth birthdays, they desired to perform the traditional ceremony of Bar Mitzvah, whereby they assumed their rightful responsibilities as members of the Jewish Community. Bar Mitzvah was a privilege and a responsibility. They would have to read a portion of the Bible in English and recite blessings in Hebrew. Despite this challenge, they wanted this ceremony. They could make their own Bar Mitzvah party. They could invite their friends. They would achieve a certain status, in that they became accepted and wanted members of the religious community. So they learned to read. They applied themselves and they learned. They sought

help and they learned. And this proved to them that they could learn, that they could read if they really wanted to. The smiles of satisfaction on their faces, the good reports from their teachers weeks later, were ample indication that the religious community had provided them with an opportunity to discover themselves, to unfold their potentialities as children of God.

We had given them another chance. We did not hold out rewards or punishments. We did not grade their achievements. We did not humiliate them for their fumbling bungling efforts. We were not impatient with them. Our class was not overcrowded, nor was there the shadow of a stern principal's authority above us. We loved them and we wanted them to join us. They came and they learned. Their service to God was a sign of their newly won freedom.

The Young Adult League of the West Side Temple acted as "Big Brothers." They bought the boys gifts and took them to ball games. Richard, unbelievingly, exclaimed, "Imagine, there is someone who loves me so much that he wants to be my big brother and take me out, could you believe it!" The religious Jewish Community accepted these boys. We wanted them. We gave them an opportunity to share with us in service to God. This act of love and brotherhood was the beginning and the end. For the love and acceptance of our fellow is the heart of religion.

One day I asked the boys who was their favorite Biblical hero. One lad answered, "David."

"Which story about David do you like most?"

"You know the part where he sends off that man and gets him killed and then marries his wife," recounted this ten-year-old.

"Really? Well, why do you like that story?"

" 'Cause it shows that even a good man can go bad," he triumphantly answered.

This lad had experienced another important lesson: Men are human beings. They are not angels. They can be good and bad. I thought to myself how meaningful are the Biblical accounts in which our heroes are described as human beings with all their frailties and strengths. If we could accept ourselves for what we are, we could accept others, and we could accept our world.

Henry, who lived through the Nazi ordeal, had to struggle with this problem of accepting his world. The world had been cruel to him. In retaliation, he refused to have anything to do with it. He would not go to school, or would go only on occasion. He would not hold down a job. Yet Henry was accepted as he was, with love and with understanding, even during his idle years at Kingsbridge. Finally, one Sabbath Henry rose to tell us all that he had had a change of heart. "It just won't get me anywhere to be mad all the time," he said, "I am going to start working tomorrow."

It was not the immediate tomorrow that Henry started working; but his will had been set in motion. In three months, he was ready to leave Kingsbridge. In his own way Henry had acted out a religious teaching. Our Rabbis put it this way, "Everything is in the hands of the heavens, except for the fear of heaven." They mean to say that we cannot control everything that happens to us in this world, yet we are the masters of our attitudes toward the world. We can accept our world or reject it, we can become bitter and despair, we can become cynical and selfishly withdrawn, or we can maintain our faith and live and grow. Henry had made this decision.

Harold came up to me one day and asked, "Rabbi, does God see everything?" Since I was then just a Rabbinical student, this simple question caught me off balance. I had been listening to the Dean's lectures about a "growing God," and I had been reading about Mordechai Kaplan's "Idealized Deity." Was God a Being omnipotent and omniscient, or a logical concept, or a word symbolizing a set of attitudes and values, or what? "Well, I think God can see everything," I answered Harold, the obedient "bad" boy.

"Do you think God saw me as I helped the old lady down the subway steps this afternoon?"

"Yes" He must have seen you."

"And do you think, Rabbi, if I do enough such 'good' deeds, God will forgive me for all my 'bad' ones?"

Harold, too, struggled with theology. Through his struggle, I caught a glimpse of that ancient Jewish image of the scale in heaven which weighs the deeds of men in balance. I recalled that Judaism taught that atonement was achieved, not through the performance of magical rite, but only through proper deed and recreated life. Harold was seeking in his own fashion to renew himself. Eventually, I was convinced, he would achieve this goal.

Allan wanted to know if he had to recite his sins on Yom Kippur out loud. I answered that he could recite them softly. The psychiatrist told me that the honest ability to admit to his sins was Allan's first great step to health. Allan could not read the long, impersonal list of sins in our prayerbook. He had to recite the sins of his heart. Implicit in true confession and in such humility, is the faith and courageous conviction that we can change over our life in this world, and that it is important to do so.

There were experiences . . . These children responded with joy and with understanding as we celebrated our festivals. They caught a glimpse of the secret of growth and life as we planted greens on the Sukkos, the festival of Tabernacles; they thrilled vicariously at the victory of the Maccabbees in their ancient struggle for freedom celebrated at Hanukkah; they acquired wisdom from the example of Israel's use of its evil plight in Egypt as an

incentive to higher ethical striving, as communicated through the Passover celebration.

These religious lessons, the group association, the love and friendship of teachers and leaders, their acceptance as human beings of worth and dignity, all served these children in their personal effort to recapture the world.

JESUS' DEALINGS WITH ANXIOUS PEOPLE

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It may seem almost a commonplace to begin by saying, as did W. H. Auden, that ours is "the Age of Anxiety." But if there is one place in which we as chaplains and hospital personnel find a common meeting ground it is in our work with anxious people. It matters not for the moment whether these people became ill as a result of their anxiety or whether the anxiety they manifest is the outcome of the illness. A time of sickness is a time when we are all forced to consider the meaning (or meaninglessness) of our living. Such reflection cannot help but point up the need for change in our attitudes and behavior. And change always implies anxiety. That sick people *are* anxious is something that we all know from professional experience.

During the past few years I have become profoundly impressed with the importance to the chaplain of understanding something of the concept of anxiety and its implications. Anxiety, to me, is the foremost problem in our interpersonal experience. Certainly its importance is confirmed when we read such a significant work as Dr. Rollo May's *The Meaning of Anxiety*.[1] It is also true that there are frequent references to fear (anxiety) in the New Testament. The purpose of this paper, then, is to present very briefly some understandings which I have gained touching on the relationship of religion and psychiatry as they attempt to meet the problem of anxiety. The simplest way I have of describing this is to say that I would like to tell you a little of my understanding of how Jesus dealt with anxious people.

Some time ago I read a translation of something attributed to Jesus' disciples which has always fascinated me. It was reported that following the Mount of Transfiguration experience our Lord began, presumably for the first time, to talk about going to Jerusalem. We are told that He said to His disciples that "the Son of man will be delivered into the hands of men and they will kill Him; and when He is killed after three days He will rise" (Mark 9:31). It is following this that we learn from the disciples that "they did not understand what He said, and were afraid to ask

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[1] *The Meaning of Anxiety*: Rollo May, Ph.D.; Ronald Press, New York, 1950.

Him what He meant" (Mark 9:32). This latter statement to me is a classic illustration of how anxiety operates.

Dr. Harry Stack Sullivan used to talk about anxiety as "that which one experiences when one's self-esteem is threatened." And in his lectures he would go on to point out that one of the ways in which the individual would take care of his anxiety—or perhaps, to put it more correctly, the threat which made him anxious—would be to "become confused and restricted in his awareness of what was going on in his interpersonal relations." Dr. Sullivan then elaborated in considerable detail the security operations used by the individual in dealing with the threats which made him anxious. If I am correct in my interpretation of what took place with the disciples that time so long ago, it would be fair to say that the disciples' self-esteem had become markedly threatened and as a result they became both confused and restricted in their relationship with Jesus.

The thing that impresses me is not that the disciples did not appear to understand this teaching concerning the rising again. Presumably this would be difficult for anybody to understand, especially when he heard it for the first time. What I am impressed with is the fact that they were afraid to ask Jesus to explain what it was that He had said. Afraid to ask Jesus! Jesus was their friend! They had been with Him for three years. They must have known His willingness to help them with any lack of understanding. However, the clue here seems to be contained in the reference that "they were afraid to ask Him what He meant." It seems clear that they had caught the implication of His teaching—and were threatened by it—and so could not for the time being explore it with Him.

Such is the nature of anxiety! When we hear threatening news, when we see or are subject to things which reflect upon our self-esteem or endanger our lives, we come to doubt, or even to turn from those who are close to us. Or again, things which are most plain to us at other times in moments of anxiety we just cannot grasp. In short, we tend to run away. In this way the disciples tried to put the cross from them. We are told that Peter in his anxiety even rebuked Jesus for talking about it! Anxiety does indeed paralyze the very functions that make us human.

Let me illustrate this further. What I am saying here is that the disciples had become anxious at the teaching of Jesus. It would be more correct to say that at the moment of this teaching they were already somewhat anxious and that this unacceptable saying increased their anxiety. Going back to the historical record, we are reminded that, just before Jesus made his announcement about going to Jerusalem, He had healed a sick boy with whom the disciples had had no success. It is quite likely that they were a little insecure as a result of this failure. Then followed this painful saying, and what did it mean to them? Obviously, it meant that, if it were true, they would lose their friend, who would be crucified. It would mean also that they would lose their vocation! If their ministry with Jesus should come to an end they would have to go back to their homes and their

friends to face the derision and questionings of those who had probably already looked askance at their identification with the humble carpenter of Nazareth. But even more, if He were to be killed, might not the same thing happen to them?

Here we have more than enough in any life-situation to make people anxious. Their confidence in themselves had been shaken in their failure to heal the sick boy; their self-esteem was definitely threatened at the prospect of their having to return home following the failure of their mission; and they stood in imminent danger of death. It was almost inevitable that they should be "afraid to ask Him what He meant."

How, then, did they deal with their anxiety? What action did they take following Jesus' dramatic announcement? As I read the events recorded in the Evangelists, three things seem to have happened. Here we see some common methods people use in trying to get away from anxious feelings.

First, "they began to discuss among themselves as to who was to be the greatest." We might describe this in another way by saying that they began to *compete with one another* for the "first place" in the new kingdom. Of course they knew intellectually that there were to be no first and second places in the kingdom which Jesus proclaimed. They must have known also that, to be chief, one had to be least of all. But this was no intellectual doubt—just as we find so frequently in the hospital that questionings about a patient's illness and the nature of God are not intellectual doubts. When one's inner security has been jeopardized, it seems almost necessary that one try to make more secure one's place in the outer world. This is very human. Another thing, too, would come out here, as it actually did in their experience—they would get the attention of their leader, who would find it necessary again to explain to them the things concerning the kingdom.

Apparently there followed another method by which they sought to take care of their anxiety. It is also reported that they came to Jesus and said, "Master, we saw a man casting out demons in your name, and we forbade him because he was not following us" (Mark 9:38). Do we see here an attitude of superiority? When we are made uncertain it is rather easy and comforting to remind ourselves of the group to which we belong or of the status we enjoy. On the basis of this, we make a desperate attempt to deny the inner painful gnawings of our fears.

And finally we are told that in their journey they came to a certain city of Samaria where they apparently were most inhospitably received. They returned to Jesus quite angry and recommended that He bring down fire from heaven to destroy these ingrates. How "righteous indignation" does help us to let off steam! It does enable us momentarily to get rid of some of the doubts which we have pent up within, and it gives us a wonderfully expansive feeling. But it does nothing to change the situation; it may even take our minds away from the things which need to be considered and

worked through. This is no doubt what Dr. Harry Stack Sullivan had reference to when he referred to anger as "the curse of interpersonal relations." It is a curse precisely because it works so beautifully in "confusing and restricting our awareness" of what is going on.

In our work with people it is important to remind ourselves over and over again that we all do these things to live. We will continue to do them as long as we are human. We all become afraid at times to ask for more information about troublesome concerns; we all compete with one another; we all rely on our status and associations to give us superiority; and at times we all lose our tempers and become angry—when we are made anxious. These are all very human and natural ways that we have of living together, and they help us to bear what is sometimes an almost intolerable load. The important thing is not that we do them—but can we accept ourselves in the doing of them—if so, it may be easier for us to accept others who do them too. It helps us to be reminded that, *as we are,* we are acceptable to God. And gradually this knowledge can give us strength and support to change the unhelpful patterns of living. But it is no easy thing to have the courage, as Dr. Paul Tillich says, "to accept that we are accepted."

How did Jesus help the disciples in their anxious moments? We are told that He waited until after the day was done and they were alone together, and then He went back to some of the experiences of the day, and asked them, "What were you discussing on the way?" (Mark 9:33). It would not have been very helpful to do it when the anxiety was full upon them. It was better to wait until they were alone and in the quiet of the evening where they could discuss some of the things that had happened. It is well for us to note, too, that Jesus did not avoid the anxiety-provoking experiences; He merely timed their consideration to a more opportune moment. Then, quietly and with understanding, He placed a child in their midst and said, "Who so ever receives one such child in my name receives me . . . truly I say to you who ever does not receive the kingdom of God like a child shall not enter it" (Mark 9:36 and 10:15).

For some time I had the feeling that this action of Jesus was almost a rebuke to the disciples. But on further consideration I have come to believe that it was another evidence of Jesus' masterly dealing with anxious men. It was his parabolic method of teaching. As He said after His parable of the sower and the seed, "He who has ears to hear let him hear" (Mark 4:9). Later, when explaining to His disciples about this cryptic method of teaching, He gave them to understand that for some people certain insights were not bearable and, since this was so, they would take from the parable only that which they could bear. It was indeed "So that they may see but not perceive and may hear but not understand . . . " (Mark 4:12). Here we have evidence not only of Jesus' deep understanding of interpersonal relations, but of the infinite tenderness of His dealings with hurt people. We are reminded that on the night of the Last Supper He

said to His disciples, "I have yet many more things to say to you but you are not able to bear them now." (John 16:12).

Could it be that, when Jesus said that unless we became like little children we could not appreciate what He was talking about, he meant to encourage in us the child's attitude toward life? When the child does not understand what is going on, its very curiosity drives it to demand information and explanation. We who are parents are well reminded of the annoying persistence of children at this point. But this is their way of handling anxiety, they demand to know. And if our curiosity and our experience with interpersonal phenomena have not been too traumatic to us, we can be most helpful to them. The gaining of knowledge and understanding can be a most salutary way in helping us to allay anxiety.

In children do we not also see the frank ability to compete with each other, the vieing with one another for the attention of the parent? Competition among children can become quite aggressive, and it is by competition that the child begins to express one of the essential parts of its personal integrity. If competition has not been too painful for us to accept, these competitive impulses and needs cannot only be anxiety relieving, but also integrative in our own living.

In the child we invariably see the free expression of feeling. There is no concealment with the child when it comes to the matter of feeling. Sometimes the very open expression of his resentments and his loves can be most threatening to us of more "mature" years. If it were not so threatening it might be quite refreshing to us, as well as helpful, to accept such honest recognition of the expression of the basic impulses in our living. We in the Western culture who have placed such a premium on the open expression of feeling could well learn from the Master that the way of the child is the way to Him.

Finally, if we are able to be curious, to be competitive, and to express feeling, it is almost impossible to store away or to nurse resentments or unfulfilled longings. As with the child, these feelings would be out in the open, and taken care of, and would no longer lie festering in the hidden recesses of the soul. It does one's heart good to see how quickly, after a bitter and violent quarrel, children will have their arms around each other and be the best of friends, as though the storm before just had not existed.

Jesus had a masterful way in dealing with the anxieties of men. And it seems so very simple. His was an accepting and friendly attitude—a seeking to understand something of what was going on. And there is nothing that can do more to enhance and strengthen a shaky self-esteem than to know that another is concerned about us. This is what Jesus was like—and this is what we feel from Him is what God is like. It is no wonder that Philip was moved to exclaim, "My Lord and *My God!*" It is our opportunity and high calling to re-present this Jesus and this God to those to whom we minister.

THEOLOGY AND THERAPY

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To many people in our society theology and therapy appear poles apart. Theology deals in dry abstractions, remote from the pace and passion of our daily living; therapy is a practical technique for getting people out of jams. Theology sits smugly on the faded, musty shelves of the past; therapy is a modern thing, streamlined, efficient. Theology speculates on supernatural mysteries; therapy is simple and understandable. Theology concerns itself with eternal, celestial things; therapy, with temporal, terrestrial matters.

This divorce between the two—once married and of one flesh—is accepted by many clergymen and, perhaps, by more psychologists. It is accepted because a deep dualism prevades our thinking—the dualism between supernaturalism and naturalism, religion and science, faith and reason, value and fact, God and man—and therefore between theology and therapy.

Men have responded to this dualism in various ways: they have blindly accepted it; they have believed that where this life leaves off the next begins, that the Church is *in* the world but not *of* the world, that the work of the minister lies over and beyond the work of the doctor and psychiatrist; they have rejected religion as a tattered banner of a long-lost cause; they have turned their souls away from the natural order, with its godless science, moving into puritan communities to keep themselves undefiled. Following similar lines, clergymen and psychologists have variously defined the relation of theology and therapy. For some, the work of the minister is sacred, the work of the psychiatrist is secular, and never the twain shall meet. For others, the two fields meet but do not overlap. For still others, theology is an expendable remnant of antiquity, to which the minister in the pulpit should make a polite and passing concession, but which he must perforce abandon as he goes about his therapeutic work in counseling, calling, and the like in the community. Finally, some—obviously not psychiatrists—believe that psychiatry is the work of the devil.

Note that either the old dualism is maintained or that what has been traditionally known as religion is swallowed up in psychotherapy. This is why most ministers, faced with the alternatives of a dualistic division of labor on the one hand and an absorption into another field on the other hand, choose to cling to the old dualism. Much of the speaking and writing on this subject is tolerant, even condescending—but unyielding. Each side,

religion and psychiatry, is ready to remind the other that it has a monopoly over special, unique, and important truths and techniques, and that it is determined not to yield ground to an alien who is less capable and, having made clear that it will not compromise, it then makes loving protestations of its willingness to "cooperate" with the other fellow.

And so the dualism persists, for there can be no meaningful synthesis or integration until each side approaches the other in the spirit of seeking a higher and richer perspective which includes but transcends both. In spite of the very valuable work of such groups as the Council for Clinical Training over the past twenty-five years, I do not believe that great numbers of ministers have managed to see their fundamental theological work as of a piece with that of psychiatry's. The major reason is that in the main the theology taught in the seminaries is some brand of supernaturalism. God, the ultimate Value who gives health and makes all things anew, is unknown and unknowable, like the wind that bloweth where it listeth. Hence salvation, the process or outcome of achieving health, is essentially an unknown and unknowable process, an activity of "blind" or "absurd" faith which issues in a peace that likewise passes understanding. Such theology, with its theory of salvation, can never be integrated with a therapy which begins with precisely opposite premises: that the value of life is here and now, that it may be studied by rational-empirical methods, and that through such study we may provide conditions for its emergence into human life; and that salvation or health is a natural process which, while not completely "controlled," can be studied and facilitated by the human mind and human techniques.

The Need for Integration

How, then, can theology and therapy be integrated? First, we must ask, *Why* must they be integrated?

Theology and therapy deal with the same problem: What must I do to be saved? How can I achieve the more abundant life? Health, wholeness, whole-heartedness (to use a word used by both Horney and Jesus)—these are the generic aims of those who theorize about the good life and those who try to bring it into realization. Traditionally, theology has tended to emphasize those factors in the saving process which are not in human control, while modern therapists, although acknowledging processes beyond man's conscious control (such as the impulsive factors pointed out by Freud or the creative processes pointed out by Jung, Otto Rank, and Rogers), have tended to emphasize factors which lie within man's control.

One may ask: But do both theology and therapy deal with the problem of God? And the asker might answer: If they do not then we are thrown back into the abyss of dualism, or else "theology" becomes mere "psychology"; if they do, then therapy, which has not been supernaturalistic, must become so. But the first alternative is what we do not desire, and the sec-

ond, if we did desire it, is now practically impossible. Psychiatry is part and parcel of the revolt against the "medieval synthesis of supernaturalism.

This dilemma is resolvable because it is based on a false premise: that theology must be supernaturalistic. Yet in recent times some theologies have been frankly naturalistic, and on that account no less theological than their predecessors. Theology, of whatever kind, deals with what is of Ultimate Value for human living, regardless of whatever else it may deal with. It aims to discover by one cognitive method or another that Ultimate Value, and, derivatively, the good life. Theologians who prefer to use the generalized rational-empirical method of the sciences will necessarily confine themselves to the realm of nature, since the realm of nature is all that they can observe by means of such a method. They automatically eliminate any "supernatural" realm, since whatever is in nature is what some human mind has had or can have (in principle) some relation to, and since, as Whitehead says, "If anything out of relationship, then complete ignorance as to it."[1] To be actual is to be in relation to something else; we can give no other sensible meaning to actuality. True, there are many events we do not now know (have no conscious relation with) and will never know. But we may say of such events *as events* that they have relations to other events, and that *in principle* they are knowable. Otherwise we are talking nonsense.

Now I submit that a desire for consistency, for knowledge that is all of a piece, for integration between religion and science, value and fact, theology and therapy—the desire for wholeness—is one deep in our natures, and one which cries out for fulfillment. In science and philosophy this desire is reflected by the standard of logical coherence; in art, by the principle of "unity in variety"; in personal life, by integrity; in interpersonal relations, by love; in religion, by whole-heartedness, or unity with God.

A glance through the psychiatric literature will make it clear that this drive for integration, for progressive levels of integration, is fundamental to the human organism and is the one resource which the therapist can count on in his attempts to help render the broken individual whole again. This principle of integration as the binding fact of organic life is also receiving widespread recognition in the physical and biological sciences [2] and the social sciences [3] and is being lifted into attention and apotheosis by ethicists and theologians. Many of the old theologians recognized it, but removed it from inquiry by maintaining it could not be understood by man.

Because we live and move and have our being within an experience that is a seamless garment, and because there is this process at work within that experience to weave its parts into mutually supporting and enriching pat-

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[1] A. N. Whitehead: *Science and the Modern World;* The New American Library of World Literature, Inc., New York, 1948, p. 26.

[2] L. L. Whyte: *The Unitary Principle in Physics and Biology;* Henry Holt and Co., New York, 1949.

[3] Mary P. Follett: *Creative Experience;* Longmans, Green, and Co., New York, 1924.

terns, we shall remain essentially dissatisfied so long as our theologies and our various ideas and techniques of therapy remain at odds with one another. Not all things can be completely or ideally integrated—at least not within the lifetime and the limitations of your or my personality and probably not within the lifetime of our universe. But we do require a minimum, basic integration, if only to enable us to deal with difficult conflicts that arise. As Whitehead said:

> It would . . . be missing the point to think that we need not trouble ourselves about the conflict between science and religion. In an intellectual age there can be no active interest which puts aside all hope of a vision of the harmony of truth. To acquiesce in discrepancy is destructive of candour, and of moral cleanliness.[4]

That is why theology and therapy must be integrated—our deepest natures need such integration. No man can serve two masters. But it is not a question in this case of loving the one and hating the other. It is not a question of the truth of one and the falsity of the other. What we seek is a truth, a value, deeper and more inclusive than either. Nor can we be satisfied with our present armed (or at least defensive) and uneasy truce wherein each warns the other to stay in his own domain of specialization. Sometimes a feeble defense is made of such compartmentalization by calling it a "division of labor," but such a division of labor is not genuine, for the laborers are not united by any overarching organic perspective or purpose, as in an organism or family or cooperative factory or economy.

To be sure, there will always be important differences between the work of the minister and that of the psychiatrist. Each has unique insights and resources to bring to the common problems which confront men. But we tend to forget that with their unique and diverse perspectives they focus on *common* problems because they are both concerned with men and women in their struggles for health. They are united because we all live in *one* world, which no theory or technique or institution can put asunder. We all *require* by our very nature a oneness within ourselves and between ourselves and others.

The Way of Integration

Theology and therapy *can* be integrated because they deal with a common problem: What must I do to achieve health? But they *will* be integrated only if, however different, they succeed in giving a common answer to that problem. This means that they must employ a common method. And it turns out that the only method which is susceptible of commonality, of community, as John Dewey has pointed out, is the general method of empirical inquiry and creative communication—the method of science. There is no intrinsic virtue in such a method; it is preferable simply because *it is the only way of synthesizing diverse perspectives into broader truths and richer values.* If a minister and a psychiatrist differ in interpreting

[4] A. N. Whitehead, *op. cit.*, pp. 184-185.

the behavior of a given person, and if each has some truth, the only way of improving the total truth and cutting down on the total error is for each to communicate as clearly as he can to the other his own perspective and to subject their perspectives to a common empirical test. If one or the other resorts to claims of supernatural revelation or some other such incommunicable and untestable claim, then even if it be true it cannot get across to be checked and supplemented by the perspectives and experience of the other. Truth does not grow by our getting private propositions which are kept to ourselves. Theology and therapy can be integrated and made communal only by communication and action which are free, deep, and full, and which creatively fund the truths of each.

A science of human health is a study of value. "Value" comes from the Latin *valere,* to be strong or well. Theologians direct their attention to ultimate, creative value—God. But, since only happenings in space and time can be observed directly or inferred and logically analyzed and so communicated, any study of value that purports to be "scientific" and yet deals with non-temporal, non-spatial events which are "supernatural" is a contradiction in terms. Only that theology which employs the methods of observation and rational analysis on concrete events can deal with value and with God. Value and supreme value (God) are facts, or possibilities related to facts, or they are nothing.

This does not mean that God's value is identical with man's. But, unless there is some continuity between the principle of man's health and the principle of God, and unless we can approach unto God's character through man's character, then it is useless to talk about the integration of theology and therapy. God as supreme value is in man and is the principle of man's health, the means of his salvation; but God is not merely confined to man. A scientific theology would thus begin with observation and analysis of man's values and seek to discover an undergirding, creative value more abiding, powerful, and good than any of man's particular values. This would be called God.

Actually, theologians usually begin their studies with the conviction that there is such an ultimate value-fact present in all human values, which is variously described as the source, ground, or totality of all value. In a scientific study they would commence with a rough idea of what this ultimate value is, derived in part from their tradition and in part from their common-sense observation of better and worse human situations in real life or in works of the human imagination. Then, by a careful observation and analysis of the various value-situations of men, they would search to discover if that initial notion or hypothesis concerning the ultimate standard of human good, the norm of health, corresponds to actual fact. They would ask: Is this in reality the creative source of all human good? If not, they would revise it or adopt a different notion and begin anew their empirical search and analysis. The method of Henry N. Wieman illustrates such a method in theological inquiry.

Therapists are probably more inductive. But it is questionable if any psychologist, or any scientist, for that matter, begins his studies without any "preconceptions" whatsoever regarding what is better and what is worse. After all, a therapist, if he is not a charlatan, does want to *improve* the patient. As he deals with diverse patients his sense of contrast is stimulated—the severity of illnesses will vary—and he begins to develop crude empirical norms of better and worse, of good health and ill health, of value and evil. He refines these by analysis and further observation, and so progressively approaches, whether this process is conscious or not, some more or less stable standards of health, and of what men must do to be made healthy, and of what he as a therapist must do to help make them healthy. The method of Carl Rogers, as made explicit by him, in developing norms and techniques for therapy, seems to me pre-eminently to illustrate the scientific method for therapy.

I do not mean that all therapists claim to have arrived at a universal norm of health applicable to all personalities in all situations. Indeed, some of them refuse to acknowledge that they deal with "good" and "evil" at all, and some have never consciously formulated those principles which do in fact guide them in their everyday work. But implicit in their work and their writings one may find norms and a good deal of agreement among therapists of diverse schools on what these norms of human health are. Anthropologists like Margaret Mead are suggesting that these norms apply as well to cultures other than our own.

The theologian has less difficulty with the notion that there *is* a universal good for all men. That he usually has acquired through training and study. He believes with Immanuel Kant that a standard of health or norm is useless if it is not universal, since the function of a norm is to guide us through changing situations and changing interpersonal relations. His difficulty is with documentation; he may lack the concrete facts, refined and ordered, whereby to demonstrate his conviction. I think it is for this reason that so many of them, from Plato on, have become supernaturalists, failing to find the Good in the world of sights and sounds and smells, the world of vague intuitions and complex processes within and without man.

Regardless of where they begin or what forces impel them, theologian and therapist, so long as they use the scientific method of observation and rational analysis, must ultimately resort to a common body of evidence, the activities of men. The first and last data of all value-theory must be human beings, that goodness which is incarnate in our fellow creatures and which is the inspiration and ultimate appeal of all theory. As Emerson says, "all the religion we have is the ethics of one or another holy person." It is true that, for the perception of health, training and refinement of our innate value-sense is required, in a similar way that training and refinement of certain perceptive capacities are required for a physicist, musician, or statesman.

Some one will ask: What does all this have to do with God? Historically, the term "God" has meant that which creates health, that which saves, that which gives every good and perfect gift. "God" is the name given to that factor present in all experiences accountable as good—or, supremely, that factor common to all cases of healing or all cases of health. Hippocrates long ago pointed out that the task of the physician is to remove obstructions to the healing process, and, in general, physicians today attempt to follow this procedure. Mental therapists are coming to a recognition of the same principle. Both groups are now supplementing this procedure with a positive approach, namely, providing conditions which will facilitate the healing or health-giving process.

What is this health-giving process? Do theologians and therapists agree on its nature? In very general terms, this process is one of progressive integration, or growth. And therapists and theologians, both using methods of observation and analysis, agree on its nature. Thus Carl Rogers, a therapist, says:

> The aim is not to solve one particular problem, but to assist the individual to *grow,* so that he can cope with the present problem and with later problems in a better-integrated fashion. If he can gain enough integration to handle one problem in more independent, more responsible, less confused, better-organized ways, then he will also handle new problems in that manner . . . this newer approach . . . relies much more heavily on the individual drive toward growth, health, and adjustment. Therapy is not a matter of doing something *to* the individual, or of inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development, of removing obstacles so that he can move forward.[5]

Compare this statement with that of a theologian, Henry Nelson Wieman:

> When good increases, a process of reorganization is going on, generating new meanings, integrating them with the old, endowing each event as it occurs with a wider range of reference, molding the life of a man into a more deeply unified totality of meaning. The wide diversities, varieties, and contrasts of all the parts of a man's life are being progressively transformed into a more richly inclusive whole. The several parts of life are connected in mutual support, vivifying and enhancing one another in the creation of a more inclusive unity of events and possibilities. This process of reorganization is what we shall call the "creative event." . . . We have identified God with the creative event . . . One act or course of conduct is better than another if it provides more amply the conditions enabling the creative event to produce . . . [6]

I interpret these two statements to be saying fundamentally the same thing: that health (the good life) is a continuous and never-ending integrating of thoughts, feelings, actions, within individuals and between in-

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[5] Carl Rogers: *Counseling and Psychotherapy;* Houghton Mifflin, Boston, 1942, p. 29.
[6] Henry N. Wieman: *The Source of Human Good;* University of Chicago Press, Chicago, 1946, pp. 56, 305, 82.

dividuals and groups; that such a creative process, while not in the complete control of man, may be released within us if proper conditions are provided. Beneath these somewhat different terminologies lie common thoughts, and back of them lies a common reality, the reality of healing, growing, creating, the reality designated by the theologian as salvation (when related to man) or as God (when viewed as a power not in man's control).

Some theologians will claim that the discovery of the therapists of modern times is merely a rediscovery of what saints and theologians in ancient times knew intuitively. That may be true. But, as many a volume has shown, theology as a whole has waged (and even now wages) a warfare upon science and hence has obstructed the road of progress by claiming the purposes of God to be inscrutable, and all human therapy in the last resort to be futile. W. H. Sheldon has pointed out that theologizing has been a deadly monkey trap because it has failed to protect and employ creatively the biological energy of the human species.[7] The delinquency of theology has been hebephrenic withdrawal into the Word, into word magic, forgetting the real biological needs of human beings. Perhaps modern therapy, insofar as it brings us back to life and the life more abundant, will prove therapeutic for the hebephrenic theology of ancient days.

Therapists, too, can become delinquent (as Sheldon suggests) by moving too far in the direction of unbridled biological expression. We might hope that the double delinquency of theology and therapy at their worst would be combined to check one another in their excesses and produce a dynamic and creative synthesis, theology contributing the concern for the general, universal good, therapy the healthy respect for concrete, human fact, and for efficient technique.

In understanding the relations between theology and therapy we cannot forget that theology belongs to the rational, speculative, Platonic tradition and that therapy is a branch of that empirical, pragmatic, scientific tradition which, as Whitehead has pointed out, is a revolt against rationalism. The modern temper, he says, is a "vehement and passionate interest in the relation of general principles to irreducible and stubborn facts."[8] As progress in the physical and biological sciences has issued from the marriage of general theory and effective technique, so in the field of human values we require for progress the creative synthesis of broad theory and observed fact. It does not now appear that either theology or therapy has come of age for such a union. Yet as one studies the literature of the two fields one may find striking parallels and convergences. Within this century one may see theologians leaning in the direction of therapy for insights into human nature and health, and therapists looking to the religious litera-

[7] W. H. Sheldon, *Varieties of Delinquent Youth;* Harper and Bros., New York, 1949, pp. 840 ff.
[8] A. N. Whitehead, *op. cit.,* p. 3.

ture for guidance. There has been mutual modification. But there have also been shallow and half-hearted attempts to effect a peaceful partition of territory between the two, by denying that any genuine, organic relation exists between them, or by refusing the effort to find some common foundation or goal, some common perspective embracing the methods and aims of both, some common theory of value. I have suggested what this common theory of value might be. But what is required is widespread searching and widespread concern for a creative integration of theology and therapy.

CRITERIA FOR EVALUATING DIAGNOSTIC INSIGHTS

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It is not necessary to specify which aspect of the counseling process is most important, since any single element in itself obviously does not meet the demands of the whole process. But if one aspect were to be chosen by many ministers today it would be that of treatment. Gone are the days when history was viewed for history's sake and diagnoses were made in order to spin out an elaborate theory of directing the life of the parishioner. The stress currently is upon treatment.

Certainly, it is in treatment that the helpfulness of the minister is most apparent. But, as many know, treatment—or any other single element of the counseling process—is more or less a segment of a more complicated and interwoven effort. It is not literally possible to divorce treatment from history or treatment from diagnosis or any from all. Treatment is begun at the first moment of contact with the parishioner, even though some other goal, such as history, may seemingly be more focal to the relationship at that point. Likewise, diagnostic insights are created by the minister, whether they are related directly or immediately to the parishioner or not, from the first moment of contact to the last. Even in the final stages of the counseling relationship the idea of diagnosis suggests itself, for in those periods, when history and diagnosis receive a minimum of attention, treatment is sound only if it bears a clear relationship to the diagnosis. If treatment does not have an intimate connection with diagnosis the parishioner may be helped, but he probably will have been helped in spite of the minister. The later stages of the counseling relation also comprise one of the best times for testing the adequacy of diagnostic insights, for in those periods these insights of the minister receive their pragmatic verification.

Unfortunately, one sometimes gains the impression that treatment may proceed without diagnostic backing or orientation. Apparently some ministers look upon diagnosis as a rather dry or unnecessary prelude to "action" on the case. For example, the almost overwhelming stress upon treatment, at the expense of mature diagnosis, is clear in Carl Rogers' *Counseling and Psychotherapy.*[1] A similar stress occurs among some "re-

[1] Carl R. Rogers: *Counseling and Psychotherapy;* Houghton Mifflin, Boston, 1942.

lationship therapists." One trend in the whole of recent counseling has been toward the minimizing of diagnosis.

Those who place an almost overwhelming stress upon treatment perhaps do not mean that they are not aware that some kind of diagnostic process is evident in every counseling relationship. Possibly they mean to emphasize the importance of having the parishioner manage much of that responsibility. This emphasis is certainly worth making. No modern, "scientific" minister would want to rob the parishioner of the opportunity of developing perception into his own motivations and resources. That is axiomatic. But, to say this does not mean that there is no significant diagnostic activity in counseling; it simply puts the responsibility chiefly on the parishioner. This, however, is not enough. The minister who wishes the parishioner to assume a major responsibility for the direction of the counseling process nevertheless has certain values, techniques, goals, expressions which he employs to enable the parishioner to assert his independency. It is hard to see how these differ essentially from what has been traditionally implied in the term "diagnosis." Thus, the minister must assume that there are two sets of diagnostic insights in each counseling relationship: (1) that of the parishioner and (2) that of the minister. It may be that the minister does not wish to force his insights upon the parishioner, but may use his interpretations as a means of provoking the parishioner to understand himself and his situation more realistically and, therefore, more independently. But in such a case it can scarcely be claimed that no diagnosis is involved. By whatever means the problem is solved, moreover, there must be present in the process some theoretic element, some general framework of interpretation, which makes the aid seem reasonable and intelligent. It is not too much to claim that this ingredient is basically diagnosis.

Furthermore, the minister who recognizes his use of diagnostic insights must seek to create criteria for evaluating them. He cannot afford merely to use them. He cannot have a "blind spot" in this crucial aspect of the counseling process. It is not enough for him to say that he does not believe in diagnosis or prefers that the parishioner manage that end of the relationship. Whether he recognizes his insights or not, he will have them.

What criteria are there, then, which might be used in evaluating diagnostic insights? Undoubtedly there are many. Probably a listing of the standards would differ from minister to minister. The listing which is given here is an effort to provoke thinking in this area, rather than to provide an exhaustive summary of all possible criteria.

1. What Role Does the Temperament Play?

By "temperament" here is meant the typical functioning organization of the personality. The temperament is held to influence the counseling

relationship in its diagnostic aspects from at least two points of view: (1) that of the minister and (2) that of the parishioner.

The Minister. The minister, being what he is—a unique personality, possesses certain values which he cherishes. These values may not be overtly utilized in the counseling process. In fact, if the minister is operating "scientifically," he will deliberately seek to withhold his values during the counseling relationship. Josephine Strode uses, in this connection, the word "abrogate," which is a fine choice.[2] The minister does not "obliterate" his values, but "puts them aside" for the period of his work with parishioners. He annuls, cancels, or revokes for a time what generally has sway over him.

The efforts of ministers to abrogate their values in the counseling relationship is commendable, but not entirely realistic. Actually, it would seem, as in our prior discussion, that the minister cannot effectually dismiss his values; he cannot really exclude them from his dealings with the parishioner. At best he can control them and seek not to have them interfere with the "personality rights" of the parishioner.

Now, the direct use of values by the minister would seem to relate very largely to the temperament of the minister. What is his personality make-up? What values does he cherish? What is he trying to do with these values? Do his values relate to short-term goals or long-term goals, insofar as these may be differentiated? Is the minister-parishioner relationship dominated by his values regardless of what they may be or what the attitude of the parishioner may be toward them? Is the temperamental structure of the counseling relationship one which has been devised solely by the minister without the support of the parishioner or without the parishioner's awareness of the more ultimate intent of the minister?

The Parishioner. Much of what has been said about the temperament of the minister holds true for the parishioner. On this point, however, it is well to remember that the parishioner enters the counseling relationship usually without the careful professional education which characterizes the minister. The parishioner, therefore, may be less aware of the role of his temperament. He may accept his special biases as being personal "rights," and such they are, although they may not contribute to a high degree of challenging insight on his part. The values of the minister, moreover, may be strange to him. Taking such conditions into account, the obligation of the minister becomes quite complex. To what extent can he honor the temperament of the parishioner? To what extent is the parishioner expressing insights which are at harmony with his own temperament? (If he is not, it means that a parishioner may make a judgment of a moment which he would not make at other times.) To what degree is the parishioner able to generate insight? Does he know what he is doing when he engages in stirring up insight? How well is he able to

[2] Josephine Strode: *Introduction to Social Case Work;* New York, 1940, p. 40.

handle the insight after he has created it? How exhaustively does he perceive his situation?

The minister, then, has a dual problem in regard to temperament: to maintain control over his own evaluations so that they will be directly connected with the peculiar temperament of the parishioner; to know in detail the temperament of the parishioner, its lacks and possibilities. Assuredly, diagnostic insights are related very closely to the temperaments of the minister and the parishioner.

2. What Is the Source of Dynamism in the Insight?

Counseling has often been characterized as a "process." In terms of diagnosis, though, what especially does it mean? It may signify in part simply that there is "movement" in the parishioner-minister relationship. This, in part, is why we hear of "the dynamics of therapy." We might also speak about "the dynamics of diagnosis." By this we mean that the diagnosis is significant only when it secures direction—when it has a source and a goal.

The dynamism of a diagnostic insight for the minister may derive from a theoretic paradigm of behavioral interpretation which was learned in a graduate school of theology or from the books of a "school of thought." Why has the minister chosen his particular psychological interpretation? (This may be a matter of temperament again.) Does the minister's particular psychological interpretation actually fit the situation, or is it made to fit? What right has the minister to think in such particularistic terms about a difficulty which the parishioner possesses? Can any reference away from the parishioner to a book or theory be ultimately satisfactory or scientific? To what extent should the minister operate on the basis of systematic interpretation of the parishioner and his problems?

There may also be a dynamism in the diagnosis which the parishioner makes of himself. Usually it is not closely related to the psychological theories taught in graduate schools of theology. His dynamic interpretation of his trouble may derive from levels of motivation quite hidden even to the minister. The parishioner may be seeking through his interpretation of himself to express an evaluation of the minister, of a friend, a relative, a political campaign, the communist ideology, Mayor LaGuardia, or a movie star. He may be generating insight because of an embroiled personality difficulty which will not permit any clear-cut, obvious, simple evaluation. On the other hand, he may possess insight because of an intelligent analysis of his own motivations. Whatever the source of his insight, the problems of the minister remain practically the same. What validity does an insight have just because it is created by a parishioner? What is the parishioner trying to do or say through his use of certain insights? What can the minister do that will aid the parishioner in rationally understanding his sources of insight?

3. What Is the Degree of Rationality Implied in the Insight?

Insight, by its very character, possesses some degree of rationality. While there will be emotional factors out of which the insight develops, the insight itself will be expressed in rational terms. Part of the problem of the minister, as mentioned above, is to determine what the interrelationships are, in a given instance of insight, between the emotional sources of insight and the particular mode in which the insight may be formulated. Probably it is impossible, then, to distinguish clearly between emotion and reason on the subject of insight, although this state is not at all disappointing, for it emphasizes again that the use of such terms as "emotion" and "rationality" are relative; they merely suggest two facets of a single experience. Nevertheless, within these limits, the minister will wish to be able to distinguish between the source of the insight and its discrete expression.

To differentiate between the source and form of the insight provides the minister with a useful counseling device. He must be alert to the various possible combinations of source and form in order that he may understand the parishioner, his motivation, and his goals. The minister must settle for himself the amount of value which he wishes to give to emotion and reason. The minister may conclude that any insight which evidences rationality is more precious than another which does not. On the other hand, the minister may believe that only those insights which are founded on sound sources of emotional motivation are proper and usable in the relationship. When the minister is faced with a situation where there are obvious cross-currents between the source and form of insight (such as a health or emotional source finding expression in two alternative forms, one sound and the other unsound) the question of what role the minister is to play is difficult to answer.

If the insight, moreover, implies a high degree of rationality, what is the parishioner's ability to handle that insight? Will he be content to have made a "brilliant" interpretation of his situation? Will the suddenness with which his insight appears overcome him with pride, fear, puzzlement? Does the high degree of rationality infer an ability to bridge successfully the chasm between insight and action? If the rationality itself does not reveal to the parishioner his emotional sources for formulating the insight, does the minister have a responsibility for clearing up the total picture—source and form?

4. How "Totalitarian" Is the Insight?

There is a natural desire on the part of the minister to construct a consistent and coherent counseling process. This is certainly one of the most primary requirements and aims of counseling. The question arises, however, as to the degree to which the minister operates under a thoroughly organized, coherent interpretative system, as to what relationship

the total system will have to the oftentimes confused, ambivalent, and multivalent ideas and activities of the parishioner. Does the minister have a "right" to utilize his system in all interpersonal relations, regardless of the person, only making "allowances" for individual peculiarities? Does the minister have the "right" to insist upon his interpretative system for any single case throughout? What may happen to the relationship if the minister is disinclined to use his system as a "right" and is skeptical of some of its aspects? What alternative does the minister have to the use of a "total" system? To what degree is temperament a determinative factor in this area? What attitude may the minister assume to any "totalitarian" interpretation of personal problems which a parishioner may give? Do the facts in the parishioner's case merit any thoroughly consistent interpretative scheme-work? If there are differences in interpretative frameworks between the minister and the parishioner, whose should be accepted, or what can be done to compromise?

There is a danger that the "totalitarian" minister may seek to apply his insights regardless of the circumstances which they are supposed to enlighten. He may be anxious to use the colored glasses of "Oedipus complex" where no "complex" is factually founded. This constitutes an involved danger, since it is not easy to use the parishioner-situation simply as a laboratory for the testing and verification of hypotheses. It is much easier to try, deliberately or not, to force the facts of each unique situation into the general mold of a "totalitarian" psychology or philosophy technique.

On the other hand, it is clearly impossible to maintain an utter open-mindedness toward each phase of the diagnosis. To do that would be to stretch the limits of our psychological equipment past the breaking point.

5. What Really Does the Insight Seek to Do?

When a question such as "what does the insight seek to do?" is asked, a too easy answer may be given: "to help the parishioner." That much we can assume, although we cannot affirm that all diagnostic insight actually does aid parishioners with their problems. Probably much which is done in this area hinders the parishioner. We do not like to think about that, although we should.

Another answer which the question provokes is more involved and seeks to clothe the remark "to aid the parishioner" with more specific meaning. We need to ask other questions in order that our intent may be revealed: What is the minister's conception of normality in a particular instance which permits him to think that its application will be helpful to the parishioner? How did the minister derive this conception of normality? (The temperament question again.) How dependent is the minister on it for his own well being? Is he seeking to solve his own problems through a use of his "system" in a given circumstance? Is he really trying to convert the parishioner to something?—to religion?—to psychoanalysis?—to socialism?—to naturalism? What relation does this

more ultimate intention of the insight have with the temperament of the parishioner, his motivation and goals? Whose intent should be trusted?—that of the minister?—that of the parishioner? Does anyone know what the ultimate solutions of behavioral problems are, and, if not, does it really matter significantly what final intent one has? What is the larger intent of the various psychologic theories? Does psychoanalysis seek to convert the individual to a doctrine which proclaims the libidinic foundations to all behavior? Does the psychology of Otto Rank seek to stress through "will therapy" a "spiritual" conception of human nature and destiny? [3] Does behaviorism try to convert persons to a naturalistic version of behavior? Are these ends so basic to each system of interpretation that their smaller concerns are already and continually biased? If any psychology is theoretically inviolate and ideologically virginal, does this fact signify too much for the applicability of the theory to a living situation involving the parishioner?

The minister needs to ask more profound questions regarding the diagnostic insights which are utilized in counseling. He needs to analyze his preferences so as to see what he ultimately is trying to do in the counseling relationship. Perhaps he is serving ends which are not realized by him. Perhaps he would not care to espouse these ends if they were known. Certainly, if they are known or are in the process of becoming known, the minister begins to see himself in a much larger relationship to the parishioner than previously.

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[3] Harry B. Levey properly points out that Rankian psychology is more a philosophy than a psychology. ("On Supervision of the Transference in Psychiatric Social Work," *Psychiatry*, 3:421-435.) He fails to appreciate the fact that all psychologies are oriented in philosophic considerations.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

Principles of Intensive Psychotherapy: Frieda Fromm-Reichmann, M.D.; University of Chicago Press, 1950. 246 pp. $3.75.

This volume is an elaboration of a lecture course delivered, among other places, to students of the Washington School of Psychiatry, and which this reviewer was privileged to attend. The author is an internationally known psychoanalyst, Supervisor of Psychotherapy at Chestnut Lodge Sanitarium, Rockville, Maryland, Chairman of the Council of Fellows of the Washington School of Psychiatry, and member of the Washington Seminar on Religion and Psychiatry. In the field of psychiatry she is known and noted for her pioneer work in the area of psychotherapy for schizophrenics, which has resulted in the opening of doors hitherto thought therapeutically impossible.

This book makes its greatest contribution to the individual who is both trained and active in counseling relationships, and as such it is a veritable source book for those who would understand more deeply the infinite factors involved in the therapeutic process. But it contains a wealth of information, presented in a style which makes for easy reading, that would be most helpful to all "serious students of living."

Particularly is this true of Part I, which deals with "The Personal and Professional Requirements of the Psychiatrist." One gets the very strong feeling that what is said here would hold equally true of all who would seek to intervene actively in the living of another. Here we learn a great deal about the meaning of what goes on *between* people, the cardinal importance of listening as a basic factor in counseling, the need we all have for extra-professional sources of personal gratification lest these be unwittingly attempted at the expense of those we are seeking to help, and the significance of the psychiatrist's attitude toward cultural and ethical values as related to the goals in therapy.

In Part II, "The Psychotherapeutic Process," we find delineated simply and clearly a great deal of what takes place when the patient seeks the doctor for help with his difficulties in living. This material is primarily the concern of the specialist, but it provides the layman with invaluable insights into the nature of psychotherapy. Not the least of its contributions is the fact that the author has given us a factual description of psychoanalysis and how the analyst works. And since Dr. Fromm-Reichmann is an exponent of the interpersonal relations approach of psychiatry we learn a great deal from her when the emphasis has been shifted from a so-called study of the individual to an observation and clarification of what goes on between people.

In "Adjuncts to Intensive Therapy" (Part III) the author deals specifically with the "crisis" situations of life should they occur during analytic treatment. Here we find discussed suicide attempts, the death of those close to the patient, pregnancy and childbirth, engagements, marriages and divorce, etc., all factors

with which the pastor is frequently confronted. Though this section is concerned with helpful suggestions to the analyst, there is a great deal of invaluable insight to be found here for the understanding pastor.

The material of this volume, presented in such a lucid and fascinating way, is so stimulating that one is tempted to expand at length on its contribution to all concerned with pastoral care. This is the kind of book one will want to read and reread, and in doing so there will be pleasure as well as profit. But this temptation will be confined to a brief comment on what seems to be the central concern of this book—the attitude of the person working with others.

Dr. Fromm-Reichmann makes the point that the indispensable characteristic of a person doing therapy is the ability to listen. Obviously such a person must be trained *and* have come to terms with his own experiences in living. He must know as much as he can about the art as well as the science of therapy: and he must equally know all that is possible about his relationships with others.

This is a point of great significance to the young pastor—especially one who has had a taste of clinical pastoral training. If one is to work intensively with people one must be well trained and have had the courage to submit his own interpersonal operations to careful examination. There is simply no other road.

The author makes crystal clear the infinite dangers of intensive counseling unless one has a reasonably clear idea of what is being done, and the freedom of undue emotional envolvement to achieve the necessary goals. If such rigorous demands are laid upon those who see their profession as a secular vocation, is it possible that the religious counselor will be content with less for himself?

ERNEST E. BRUDER

•

Sexual Harmony In Marriage: Oliver M. Butterfield; Emerson Books, New York, 1953. 83 pp. $1.50.

Few writers have communicated sexual knowledge as successfully and as widely as has the author of this book. Dr. Butterfield, a Methodist clergyman, began his educational efforts more than twenty years ago. His research, teaching, and counseling have enabled him to know and understand the sexual needs of people embarking upon marriage. The Introduction to this book, written by a gynecologist, Nadina Kavinoky, M.D., is an excellent testimonial to the author's contribution.

The title, *Sexual Harmony in Marriage,* accurately describes the content. The attitude reflected is healthy, realistic, and uncomplicated. There are accurate and helpful diagrams and descriptions of both male and female genitalia as well as a brief but useful index.

There is no reference to a Christian or even a religious concept of sex and marriage. In his opening chapter the author states: "To be truly successful, marriages must meet three general tests: the *social test,* the *economic test,* and the *biological test.*" Even unchurched husbands and wives are often conscious of the spiritual side of marriage, and it is surprising to find Dr. Butterfield ignoring such. Our attitudes toward ourselves and others in a world of crea-

tion, the role of values, and the language of relationship are given little or no recognition.

As in most other books on this subject, there are two serious flaws. First, there is the at least implied assumption that information will correct or remove emotional impedimenta. If people are given the facts, taught the proper vocabulary, instructed in anatomy, etc., then problems should cease. There is minimal recognition of the need for, and the difficulty involved in, re-educating one's attitudes or emotions.

The second limitation is that, while excellent counsel is given on *how* married people relate sexually, there is little comment on *why*. One gets the impression that intercourse is primarily a means of meeting biological need. There is little awareness of its role as a medium for communicating one's feeling for another.

ROLLIN J. FAIRBANKS

•

On the Social Frontier of Medicine: Ida M. Cannon; Harvard University Press, Cambridge, Mass., 1952. 273 pp. $4.75.

The story of medical social work should be of interest to all clergymen because it is a recognition that we *are* our brothers' keepers. It also has a particular interest for those religious leaders who have received clinical pastoral training because both medical casework and the clinical training of clergy were launched to a large degree by the same man, Richard Clarke Cabot, M.D. In the case of medical social service, however, much of the yeoman work was carried on by an associate of Dr. Cabot's—namely, Ida M. Cannon. It is appropriate and imperative, therefore, that the story be recorded and that is why those of us who have known, admired, and worked with Miss Cannon have persistently urged the writing of this book.

The result is most gratifying. In twenty-five full chapters the author traces the course of early concepts and experiments through pioneer days at the famous Massachusetts General Hospital, the struggle for recognition, and the maturation of a new profession on into the "Fruits of Experience." The integrity, loyalty, and humility with which Miss Cannon has assembled this story of man's humanity to man is admirable. A splendid section on notes and references plus a full index completes the volume.

The history of medical social service is part of a larger story which continues today, namely, the rise and growth of interprofessional cooperation. This probably has been stimulated or accelerated by the increase in specialization, but another factor has also been present. As professions acquire stature, they acquire humility. As they acquire humility, they return to their original and basic *raison d'être*—the care of the individual. Wherever a patient-centered program is found, there also will be mature, dedicated representatives of the allied healing professions.

The richness and warmth of the book are due largely to the fact that the reporting is first-hand by one who was there, rather than being a second-hand collection of notes. What Dr. Cabot founded, Miss Cannon raised to adulthood. We shall always be indebted to her.

ROLLIN J. FAIRBANKS

Patients Are People: Minna Field; Columbia, New York, 1953. 244 pp. $3.75.

Out of the awareness of the human suffering and burden involved in physical illness and particularly prolonged illness, the author maps out an integrated and comprehensive plan of medical and social care which "would be determined, not by traditional, artificial lines of demarcation, but by the patient's medical needs at any particular time with provision for free movement from one place of care to another, depending upon the changing demands of [the patient's] medical condition." (p. 215)

Such an approach would mean integrating the function of the various institutions and agencies now trying haphazardly to meet the need for such care. The general hospital for acute illness, the institution for the chronically ill, home care programs, convalescent facilities, out-patient clinics need to function on a cooperative basis, so that, for example, chronically ill patients will not occupy beds in a hospital for acute illness, while patients in a custodial home, or homes for the aged when afflicted with acute illness, have to remain there with a lack of adequate medical care.

The author clearly points up the inadequacies and confusions which exist in the present approach, especially in regard to those afflicted with prolonged illness. The immensity of the problem is seen when it is estimated that twenty-three million people in the United States are suffering from prolonged illness and, of these, one and a half million are permanent invalids.

The author's primary purpose in setting forth a plan for comprehensive medical and social care of those suffering from prolonged illness is based on her concern for the patient as a person and that he receive not only the kind of medical care that his illness calls for, but also that he be given understanding and help on the basis of what the illness means to him, the burdens and difficulties it imposes upon him and his family, and the social ramifications that his illness creates.

The author feels the present problem calls not only for more adequate planning and treatment, but also for greater preventive facilities, so that the pathology can be detected in its early stages. She is also aware that perhaps the more basic need is research into the social, medical, and emotional factors in human life which make people susceptible to illness which becomes chronic, and refers to the Family Health Maintenance Demonstration in New York City, which recognizes the family as the basic unit of society which, as such, makes it not only the unit of health, but also the unit of treatment. This demonstration is not only concerned with treating the illnesses of its member families, but is also concerned with studying the forces that are conducive to family health and in evaluating "the effect of environmental, familial, emotional and social factors on the maintenance of health and incidence of illness." (p. 220)

In the light of the fact that an adequate attempt to provide sufficient medical and social care for those afflicted with prolonged illness is beyond the present resources of the community, both financially and professionally, it would seem that this demonstration is not only needed, but in the long run is the more practical effort to deal with the problem of illness. It certainly marks a significant departure from the traditional emphasis in medical and social care.

There is a wealth of stimulating and thought-provoking material in this book, not only for the clergyman who is concerned about adequate medical care for those who are sick, but also for those who are concerned about ministering helpfully to the sick. The case histories are pointed descriptions of the feelings and difficulties people experience as patients when they are involved in various aspects of illness and treatment. They convey an understanding and a sensitivity to human feelings which every clergyman needs to possess if he is to minister helpfully to people.

ARTHUR G. ELCOMBE

•

The Ministry: Edited by J. Richard Spann; Abingdon-Cokesbury, Nashville, 1949. 208 pp. $2.00.

This multi-authored book, like any symposium, has its limitations. There are some repetitions, particularly in the first section on "The Minister's Prerequisites," and, for this reviewer at least, the whole book is uneven in style and interest as it is bound to be.

Much of it is familiar ground to anyone familiar with the Yale Lectures on Preaching and one wonders just why new books on this subject have to be brought out as often as they are, when there are so many classics in the field which have not lost their timeless quality. To be sure, certain emphases change with changing times but at heart the ministry is what it has been and always will be. Strangely enough, the contributors to this book who are concerned with these changeless aspects of a parson's call and work are much more inspired and inspiring than those who write on contemporary aspects of the ministry. Of course, it is unfair to assume that those who tackle the less spiritual and more practical side of today's ministry are themselves uninspired. After all, what one of us does not find it difficult to discuss Religious Education, or Program, or Public Relations with the same afflatus we feel when preaching on the Cross? As a matter of fact, possibly the most valuable and unusual things in this book are these practical suggestions.

Outstanding in this regard is Elton Trueblood's chapter on "Study." As always, he is refreshingly frank and knows his fellow clergy too well! His description of the average minister's library and reading habits is too pat for comfort, and his emphasis upon the necessity of writing as part of one's study is excellent, for only thus is found the disciplines of creative thinking.

Equally helpful is the discussion of the minister's home and family life by what must be a remarkable parsonage team, Edward and Anna Laura Gebhard. Down to earth, realistic, and light of touch, it sees life in a minister's home in a refreshing way.

Dean de Ovies' delightful reminiscences and the deep insight into the nature of pastoral counseling by Otis Rice are both good. Oscar Olson, writing on "The Minister as Priest and Comforter," shows an insight into the nature of the priestly office which eclipses any brief discussion this reviewer has ever seen, proving once more that the priestly function is an important aspect of all ministries whether labeled priest or not.

All in all, the book is worth reading—parts of it much worth reading. It ought to be on the reading table in every seminary and would refresh the ministry of all who are "weary in well doing."

JOHN COMPTON LEFFLER

•

Problems of Infancy and Childhood: Edited by Milton J. E. Senn, M.D.; Josiah Macy, Jr. Foundation, New York, 1953, 160 pp. $2.50.

These transactions of the sixth conference of the Macy Foundation contains three clinical reports on emotional tendencies in the first year of life, followed by a friendly discussion among the score of member experts and their half-dozen guests. The Macy Foundation conference was established to make possible the communication of new knowledges across lines of specialization.

Each reporting member first describes the procedures of detailed observation which produced the data and presents the data with as few hypotheses as possible, so that the listeners may draw various conclusions from the framework of their specialized experience.

Miss Escalona is interested in the non-verbal communication between a mother and her baby and the contagion of the mother's unconscious needs and wishes. Seen from the baby's viewpoint, the development of perception is traced, as he begins to distinguish between self and environment. The mother's skills in "reading" the baby, in knowing his needs and wants, were also observed. Much of the report is given over to two case-descriptions of babies alike in most respects, but differing in orientation, one relating himself to objects, the other to people. The unbiased data reveal a close relation between the child's selective awareness and the mother's pattern of handling and responding to the child. Constitutional differences are also taken into account—one child having greater intensity of impulse than another. Conclusions are not concerned with desirable and undesirable ways of handling babies, but bring new light on the interaction of two dynamic persons as well as on the early contagion of emotional tones.

Dr. Wolf's study followed somewhat the same lines, making somewhat more specific the motor identification between mother and child. Ann Stewart's study of excessive crying in the first few months led her to deem it a family disease, in that emotional tone of the relation between parents and between father and child, as well as between mother and child, was seen as a dynamic aspect of the crying.

BLANCHE CARRIER

•

Recent Thought in Focus: Donald Nicholl; Sheed and Ward, New York, 1952. 250 pp. $3.50.

The urgency with which men everywhere and in all fields of learning are trying to bring order out of chaos is a moving fact. The tower of Babel was never as high, its pretensions as vast, or its sophisticated and erudite bedlam as loud, as at the present moment. A house that is so utterly divided from cellar to garret, from philosophy to faith, from science to art, cannot stand without reaching some central understanding around which the life of its

people can be oriented, made meaningful, and given order and peace. It is to this end that Donald Nicholl writes.

And it must be said that his essay is not an attempt to roll up his sleeves and in a few short chapters to deliver into our hands a whole new synthesis of the arts and sciences and any other ramifications of the human milieux he may snatch at in passing. Nor is he trying to write a new *summa* in which all the specializations of our day will have their appropriate places. His aim is much more modest; he seeks only to ask the men of philosophy, of psychology, of science, to clarify for the ordinary man what they believe and what they are trying to do. It is in such a spirit that the author acts as interlocutor, introducing and questioning such persons as Marx, Scheler and Husserl, Kierkegaard, Heidegger and Marcel, the Vienna Circle, Freud and Jung.

While this is commendably modest, somehow or other there is a strangely unsatisfying character about the procedure. It is illuminating, and yet it is not thorough-going enough to provide the support for a final opinion, at least a tentatively final opinion looking in the direction of unity. And this seems true in spite of the fact that the author is a consistent Thomist and makes his judgment of the various sciences from the perspective and basic philosophy of Thomas Aquinas. Nevertheless it is an earnest book, written in intellectual modesty and withal seeking that which we all need, a vision of the oneness of life.

SAMUEL H. MILLER

■

The Practice of Marriage Counseling: Emily Hartshorne Mudd; Association Press, New York, 1951. 336 pp. $4.50.

The author is director of the Marriage Council in Philadelphia and much of what she has to say by way of description and evaluation of marriage counseling is based upon actual clinical experience with 2,559 men and women who came to the Council between 1935 and 1950. Her account is written for professional people, including the clergy. She follows Sylvanus Duvall's opinion that "the ministers can be educated to perform limited, but invaluable, services as a counselor in marriage and family relations." Whether these limits are self-imposed or inherent in the pastoral office is not discussed. Dr. Mudd further quotes with seeming approval an opinion of Duvall's which is sure-fire argument in clinical pastoral training circles (p. 28): Clinical experience in counseling with relatively normal people might prove a far more valuable preparation for the minister than experience in a hospital, working with cases of more extreme derangement." (For some reason a footnote cites Ernest Bruder's program at St. Elizabeths in Washington as an example of training with "deranged" persons! *Nota bene* the Editor of this *Journal!*)

Dr. Mudd's book is primarily factual. It explains marriage counseling in the United States, who does it, who the clients are, why they come. Actual case histories, or their summaries, are used to show typical problems and treatment processes.

The two appendices are the longest section of the book, a kind of directory: they list national and local counseling programs, with their addresses, and

then short descriptions of the services offered by thirty-five such counseling organizations scattered all over this country. There is also a fairly full bibliography, but it is un-annotated and un-categorized and contains a few errors.

JOSEPH FLETCHER

•

The True Believer: Eric Hoffer; Harper, New York, 1951. 176 pp. $2.50.

When this book first appeared about two years ago it received considerable attention and almost unqualified critical praise. The reasons are apparent; the author is a self-educated longshoreman on the Pacific coast and his essay, as a literary piece, is a jewel. His manner of presentation, rich with epigram and aphorism, is reminiscent of Pascal, to whom, on this score but not on any other, he clearly owes much.

Hoffer's thesis, argued more forcibly and more empirically by Erich Fromm, is that all mass-movements have a family likeness which consists chiefly of the subjective proclivities of their converts. The objective contents and doctrines of the movements are irrelevant and are more or less interchangeable at will. The potential converts are the frustrated, the discontent, the misfits and our old friends who are afraid of freedom and suffer from that deplorable and much-battered malady, the guilty conscience.

The rise of Christianity is lumped together with the spread of Nazism and Communism as the author's favorite illustrations of the fanatical mass-movement. Indeed, he goes as far as to say that fanaticism "was a Judaic-Christian invention." This assertion becomes less obnoxious, if not more plausible, when it is understood that by fanaticism Hoffer means every kind of whole-hearted devotion, self-sacrifice, and identification with a holy cause.

The author is apparently a rugged individualist who knows nothing of humanity's corporate nature or of man's need for the true community of which the pseudo-religious mass-movement is a caricature and perversion.

D. R. G. OWEN

•

Sunday School Fights Prejudice: Mildred Moody Eakin and Frank Eakin; Macmillan, New York, 1953. 168 pp. $2.75.

The book is a survey of Protestant church-school materials for children over a four-year period to discover what was done toward affecting Jewish-Gentile and Negro-White relations. The authors discovered that the materials were much stronger in expressing general principles than in guiding children to observe and practice actual good will.

More references to present-day Jewish religion were appended to a biblical study of Judaism than were taken up on their own account, and not much attention was given to present-day Jewish-Christian relations. Only a small fraction, however, of the references expressed a negative or a "conversionist" attitude.

The Negro publications expressed appreciation of whites along with a sense of Negro responsibility and dignity. Materials published for the whites dealt with Negro missions, a few vivid Negro personalities, and the spirituals, but

gave little space either to many other outstanding Negroes or the problems in the treatment of the group.

The authors feel that writers as well as their assigning committees have a responsibility for improving materials and that some of them have done so. Their concrete descriptions of good material and of "lost opportunities," of forward-looking practices and those to be avoided will be very useful to such writers and committees, and suggestive to directors in local church programs.

BLANCHE CARRIER

•

Sea of Glory: Francis Beauchesne Thornton; Prentice-Hall, New York, 1953 243 pp. $3.00.

Among the many incidents of heroism during World War II, the now-familiar deed of the four U. S. chaplains who together chose to give their lifejackets, and thereby to give also their lives, will stand forever as an example of man's highest selflessness and courage. It is to be rejoiced that a permanent record of this act has been produced in *Sea of Glory;* and one can overlook the rather pedestrian writing to learn of the four men, who, by their common witness of their individual faiths, made the North Atlantic truly a "sea of glory."

There are several messages in this book. It should appeal to laymen of all faiths (which in itself is a testimony to their deed). To those who wonder what a minister is "like," or what it "takes" to be a hero, it shows clearly that both ministers and heroes grow up much like anyone else, with the difference perhaps that these particular boys matured to become men of God, living their faiths and showing a witness of the highest sort. For these reasons, *Sea of Glory* should be on every parish library shelf.

While the parish minister may find in it inspirational reading, its greatest worth for him is rather in the facts that the book itself was compiled and written by a Roman Catholic priest, and that four men of different faiths together gloriously dedicated their lives. Each of these facts augurs well for the ecumenicity which must be our ideal and toward which every small gain is a milestone.

TENNEY KELLEY LEHMAN

•

The Common Ventures of Life: Elton Trueblood; Harper, New York, 1949. 124 pp. $1.00.

The author needs no introduction because his famous "trilogy for our times" *(The Predicament of Modern Man, Foundations for Reconstruction,* and *Alternative to Futility)* has made religion meaningful, significant, and relevant for contemporary man.

The same gift of communication which Professor Trueblood has demonstrated in his earlier books is directed this time to four basic and universal experiences of man: marriage, birth, work, and death. Each of these fundamental experiences is viewed by the author as a venture in that each represents entrance into the unknown. These ventures require and in fact depend

upon "a reasonable faith." Such a faith is built upon intelligence, reverence, and courage.

Every pastor should read this book for two reasons. First, it offers intelligent and inspirational guidance, realistically related to the present situation. Secondly, it is an excellent resource to loan the troubled parishioner who is seeking to find the Lord with all his heart, and all his soul, and all his mind.

ROLLIN J. FAIRBANKS

•

The Gospels: J. B. Phillips; Macmillan, New York, 1953. 243 pp. $2.75.

In his preface the author sets forth the two principles which he followed in making this extraordinary translation of the four Gospels. They are: (1) " 'forget' completely the majesty and beauty of the Authorized Version"; (2) "translate the Greek text as one would translate any other document from a foreign language, with the same conscientiousness but also with the same freedom in conveying, as far as possible, the meaning and style of the original writer."

While it is inevitable that biblical scholars will be dissatisfied with the results, there will be others who will be deeply grateful. Many Christians are illiterate today, largely because the Bible has been difficult to read. Style, vocabulary, and typography have constituted real barriers. This translation, however, does not seem to this reviewer anywhere as exciting and fresh as does the author's earlier translations of the Epistles *(Letters to Young Churches)*. This may be simply a matter of the first impression being more lasting.

Every pastor should use this translation in encouraging his parishioners to read the Bible for themselves and in carrying on any Bible study. In counseling relationships it will help to transfer the parishioner's dependence upon the pastor by providing a direct source for religious insight.

Each Gospel is preceded by brief but excellent introductory material. There are some useful notes in the Appendix, and a bibliography for further New Testament study is also provided. Marginal references enable the reader to follow chapter and verses. The publishers are to be commended for good typography and an excellent cover.

ROLLIN J. FAIRBANKS

•

Psychiatry for Every Man: J. C. A. Brown; Philosophical Library, New York, 1953. 242 pp. $3.00.

The author endeavors to present a survey of the entire field of psychology and psychiatry. According to the title it is written for the average man. The author's point of view, however, is that of a medical man. He sketches the theories of Freud, Jung, and Adler and does casual obeisance to McDougall, Prince, Menninger, Fromm, and others of their ilk, but he seems none the less convinced that psychoses are best explained in terms of inherited constitutional inadequacy. Psychological treatment, he holds, is of little avail,

since the psychotic patient has no insight into his condition and is therefore unable to cooperate.

Just what are the author's qualifications is not clear. He does give us a fair picture of the present state of psychiatric knowledge as reflected in the mind of the average psychiatrist, but the book makes no new contribution and it offers little stimulation to further inquiry.

ANTON T. BOISEN

•

Mental Health in Modern Society: Thomas C. Rennie, M.D., and Luther E. Woodward, Ph.D.; Commonwealth Fund, New York, 1948. 424 pp. $4.00.

This book is an attempt to evaluate and apply the lessons learned from wartime experience in the treatment and prevention of mental illness to the needs of the postwar world. The authors undertake to show that the insistent demand for prompt treatment of large numbers of men in the armed forces who had become mentally disturbed resulted in the development and effective use of shorter methods of therapy and called attention to the need of collaboration with workers in other professions. They then offer suggestions to the general practitioner, to the social worker, to the pastor and the educator as to the principles of counseling and ways in which they can aid in the task of treating and preventing mental illness. The thirty pages devoted to "pastoral counseling and church life" are of some interest but do not seem incisive. The liberal use of case material and of quotations from other authors does much to enhance the book.

ANTON T. BOISEN

•

Techniques of Student and Staff Supervision: Family Service Association of America; New York, 1953. 80 pp. $1.00.

Within the covers of this booklet, eleven practitioners within the fields of social casework, psychiatry, and psychoanalysis, offer a wealth of material, high-lighted by helpful illustrations culled from their own teaching of, and practice in, the art and science of helping people. One questions whether parish clergy will be interested in these particular presentations. But this booklet is commended enthusiastically to all seminary professors and supervisors of pastoral clinical training.

Within the limits of this review, it is not possible to become more specific in evaluating *Techniques of Student and Staff Supervision,* except to add that two or three of the articles may be found to carry little value for a clergyman ministering in any setting, parish or otherwise. On the other hand, "The Dynamic Basis of Supervision" by Elizabeth R. Zetzel, M.D., "Educational Process in Supervision" by Mary C. Hester, and "Supervision of the Experienced Student" by Rohda G. Sarnat, would seem to hold real help for all engaged in seminary or clinical training.

HENRY H. WIESBAUER

Six Talks on Jung's Psychology: Robert A. Clark, M.D.; The Boxwood Press, Pittsburgh, 1953. 84 pp. $1.50.

Since the Bollingen Foundation has put its back into it, there has been a notably fresh interest in Jung's psychology on this side of the Atlantic. Here in short and pithy form is an excellent introduction for people who are already acquainted with the chief concepts and terms of abnormal psychology. The author is director of the mental health clinic at the Western Psychiatric Institute, and these lectures are his report after a year of work (1948-49) as a Rockefeller Fellow, with Jung in Zurich. His style is more human and natural than most lecturer's in this field, but, like all Jungian literature (for example, Jolande Jacobi's *Psychology of C. G. Jung),* he uses charts and diagrams and zodiac-like symbols that block neophytes and the general reader. Dr. Clark is a pluralist, and appeals to therapists to use Jung's analytical interpretations as well as Freud's, or Meyer's distributive analysis, or Rogers' client-centered therapy, or the functional approach of Horney and the Washington School. The book is not printed but handsomely produced by photo-offset.

JOSEPH FLETCHER

•

In Prison: A. Roy Beasley; Eerdmans, Grand Rapids, Mich., 1952. 188 pp. $2.50.

This is a disappointing book. It consists of a rambling, disassociated group of experiences of a clergyman who had served city churches for some thirty years and then for an unexplained reason decided to become a chaplain at the state penitentiary in Mississippi. The author apparently knows little about penology or the managing of a prison and is unaware of the dynamics of personality. There is a danger that those who are not acquainted with prisons and the penal chaplaincy may think that these experiences are "normal." For this reason the book may be detrimental. It is, therefore, not recommended to anyone who has a serious concern about penology or the prison chaplaincy.

HENRY H. CASSLER

•

The Catcher in the Rye: J. D. Salinger; Little Brown, Boston, 1951. 277 pp. $3.00.

The author has written a provocative and admittedly disturbing novel which reveals in sharp relief with accuracy and sensitivity the problems of one grossly maladjusted male adolescent. Holden, the narrator, struggles with his inability to communicate with his fellows. Emotionally impoverished except for a nourishing and sustaining relationship with Phoebe, his sister, this lonely, rebellious and cynical young man is in some ways a dramatic refutation of some of the false concepts which are held by adults about young people. His distaste, for instance, for the *ersatz,* the insincere, the affected, is strikingly illustrated.

Here is a poignant picture of the humanity of one adolescent, admittedly distorted because it deals with a sick and emotionally handicapped character.

Pastors might well peruse this book with some profit, but the persistent and continued profanity and obscenity discourages reading the story in its entirety. The author apparently has yet to learn the power of understatement.

ROLLIN J. FAIRBANKS

•

Growing in the Older Years: Edited by Wilma Donahue and Clark Tibbitts; University of Michigan Press, Ann Arbor, 1951. 204 pp. $2.50.

This volume contains the material presented at the third conference on our aging population held at the University of Michigan in 1950. As such, it is the third in a trilogy, including *Living Through the Older Years,* which is a general survey of the total problem, and *Planning the Older Years,* which was concerned with living arrangements, recreational activities, and employment. This particular volume focuses upon medical health, mental hygiene, and education. It is written primarily for the professional person interested in the problems of our aging population but would be of interest to many older persons themselves. This volume is notable for a mid-century forecast for the aging by Wilma Donahue. While much of this material is not new to workers in the field, it is here brought together in a readily available form for the general public.

PAUL B. MAVES

•

Age Is No Barrier: New York State Joint Legislative Committee on Problems of the Aging; Legislative Document No. 35, 1952. 171 pp. May be secured free of charge by writing State Senator Thomas C. Desmond, 94 Broadway, Newburgh, N. Y.

This contains not only the findings and recommendations to the Governor and Legislature of the alert committee of which Senator Desmond is chairman but also twenty-seven significant papers on many phases of life in later maturity presented before the committee. While the material has special reference to New York State, it is of wide and general interest. Those interested in helping the elderly to find a place in the community will find here many constructive suggestions and reports of tested experience. Six of the papers are on employment. Two pertain to rural areas. As usual with these reports, they are beautifully presented with photographs and charts. Especially notable is a check list for evaluating the program of your home town for the aging. Here is a good tool for local church groups.

PAUL B. MAVES

•

Peter Hunt's How-to-Do-It Book: Peter Hunt; Prentice-Hall, New York, 1952. 294 pp. $5.95.

The role of occupational therapy in the pastoral ministry has yet to be explored thoroughly. More and more parishes are sponsoring how-to-do-it classes, recognizing that one of our religious needs is to be creative. There is also a growing awareness of the language of relationship which is possible in group activities. Many parish projects have been more dutiful than creative in character.

This beautifully illustrated book by the ingenious Peter Hunt would be an excellent addition to any parish library. Suggestions and instructions are offered on how to transform functional pieces into aesthetic forms as well. The second-hand, the cast-off, and the white elephant can by means of paint, saw, and textile become new. A season's effort in this direction might well culminate in a parish hobby show or hobby exchange.

ROLLIN J. FAIRBANKS

•

A Book of Devotions: Edited by Calvin H. Barkow, Diocese of California, 1055 Taylor St., San Francisco 8, Calif., 1953. 55 pp. 30 cents.

The Department of Evangelism of the Diocese of California has published this excellent little booklet of prayers. It is divided into three sections: "Daily Prayers," "Communion Devotions," and "Additional Prayers." While prepared particularly for Episcopalians, its usefulness transcends denominational lines. It would make an excellent, inexpensive gift for anyone assuming responsible membership in some Christian group.

ROLLIN J. FAIRBANKS

•

Augustus Caesar's World: Genevieve Foster; Scribner's, New York, 1947. 330 pp. $4.00.

In pastoral counseling every clergyman sooner or later encounters the need for providing religious instruction. One of the barriers frequently encountered is the use of unfamiliar historical frames of reference. This book, which is beautifully and effectively illustrated by the author, provides a rich human-interest account of Rome and the Roman world during the period B.C. 44 to 14 A.D. Every Church School library should have it, and every teacher should know it.

ROLLIN J. FAIRBANKS

OUR REVIEWERS

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NOTES AND COMMENTS

The Church Army in the U. S. A. is an Episcopal organization of trained laymen who serve the Church full-time. Two years of preparation are required. The first is spent at Parishfield Community in Michigan, where the emphasis is on basic academic training. The second year provides a supervised field experience. Further information can be secured by writing to the Church Army, 27 West 25th Street, New York 10, New York.

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The Institute of Pastoral Care has provided clinical pastoral training this past summer at eight training centers. A total of 100 men and women received instruction. This number included 8 Course Assistants, 28 parish clergy and chaplains, 1 theological professor, and 63 seminarians.

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Two new booklets have been published by the Public Affairs Pamphlets, 22 East 38th Street, New York 16. *Doing Something for the Disabled* not only interprets many of the needs of the handicapped but also offers excellent suggestions for constructive help. *Stepmothers Can Be Nice* provides sound, humorous, and sympathetic guidance for "second" mothers and their husbands. Every pastor should have several copies to loan or present to parishioners. The price of the pamphlets is 25 cents each.

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Public Affairs Committee, Inc., 22 East 38th Street, New York 16, New York, a nonprofit educational publishing organization which has revived and modernized pamphleteering as a primary method of conveying important knowledge to a wide and diversified audience, has issued a report entitled "The Story of Twenty Million Pamphlets." The 199 pamphlets which make up the series have reached a circulation of over twenty million since 1936. The two best sellers have been "The Races of Mankind" (Public Affairs Pamphlet No. 85), which has sold 937,350 copies since 1943, and "Blood—Your Gift of Life" (Pamphlet No. 145), which has sold 733,330 copies. Other best sellers have included "Veterans Guide" (No. 102), "Facing the Facts about Cancer" (No. 38), "Epilepsy—The Ghost Is Out of the Closet" (No. 98), "Building Your Marriage" (No. 113), "Toward Mental Health" (No. 120), "How to Tell Your Child about Sex" (No. 149), and "Keeping up with Teen-agers" (No. 127).

The report also tells how the pamphlets are employed in homes, libraries, classrooms, adult education groups, forums and discussion groups, etc.

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The Rev. Albert T. Mollegen, D.D., conducted during the fall term of 1953 a new course in the Christianity and Modern Man Lectures, entitled "The Christian Faith."

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The 1953-1954 Annual Catalogue of The American Foundation of Religion and Psychiatry (interdenominational), organized by the Marble Collegiate Church, lists courses for clergy, theological students, and religious workers. For information write to Miss Marian Wise, Registrar, 57 Park Avenue, New York 16, New York.

"When They Go to College," a folder issued by The National Council (Episcopal), 281 Fourth Avenue, New York 10, describes ways in which those in the home parish, both clerical and lay, can share with the chaplain (the parish priest responsible for work among students and faculty in college communities) the responsibility of helping students find a church home in the college community.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946 (Title 39, United State Code, Section 233) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF THE JOURNAL OF PASTORAL CARE, published quarterly at Washington, D. C., for October 1, 1953.

1. The names and address of the publisher, editor, managing editor, and business managers are: Publisher—Council for Clinical Training, Inc., 2 E. 103 St., New York 29, N. Y.; Editor—Rev. Ernest E. Bruder, Saint Elizabeths Hospital, Washington 20, D. C.; Managing Editor—Mrs. Luberta M. McCabe, 61 Lexington Ave., Cambridge 38, Mass.; Business Manager—Rev. Frederick C. Kuether, 2 E. 103 St., New York 29, N. Y.

2. The owner is: Council for Clinical Training, Inc., 2 E. 103 St., New York 29, N. Y. There are no stockholders. Officers of the Board of Governors of the Council for Clinical Training, Inc., are: President—Rev. Otis R. Rice, St. Luke's Hospital, Amsterdam Ave. and 113th St., New York 25, N. Y.; Vice-President—Rev. Ernest E. Bruder, Saint Elizabeths Hospital, Washington 20, D. C.; Clerk—Rev. Rollin J. Fairbanks, 101 Brattle St., Cambridge 38, Mass.; Corresponding Secretary—Rev. Thomas J. Bigham, General Theological Seminary, 175 Ninth Ave., New York, N. Y.; Treasurer—Rev. H. R. Bell, 38 Bleecker St., New York, N. Y.; Assistant Treasurer—Mrs. Norma L. Badillo, 1702 Suydam St., Ridgewood, L. I., N. Y.

3. There are no known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

FREDERICK C. KUETHER,
Business Manager

Sworn to and subscribed before me this 11th day of September, 1953,

MARY E. SPOFFORD,

Notary Public for the State of New York. Qualified in New York County. No. 31-3793600. Cert. filed with City Ref. N. Y. County. My commission expires March 30, 1955.